

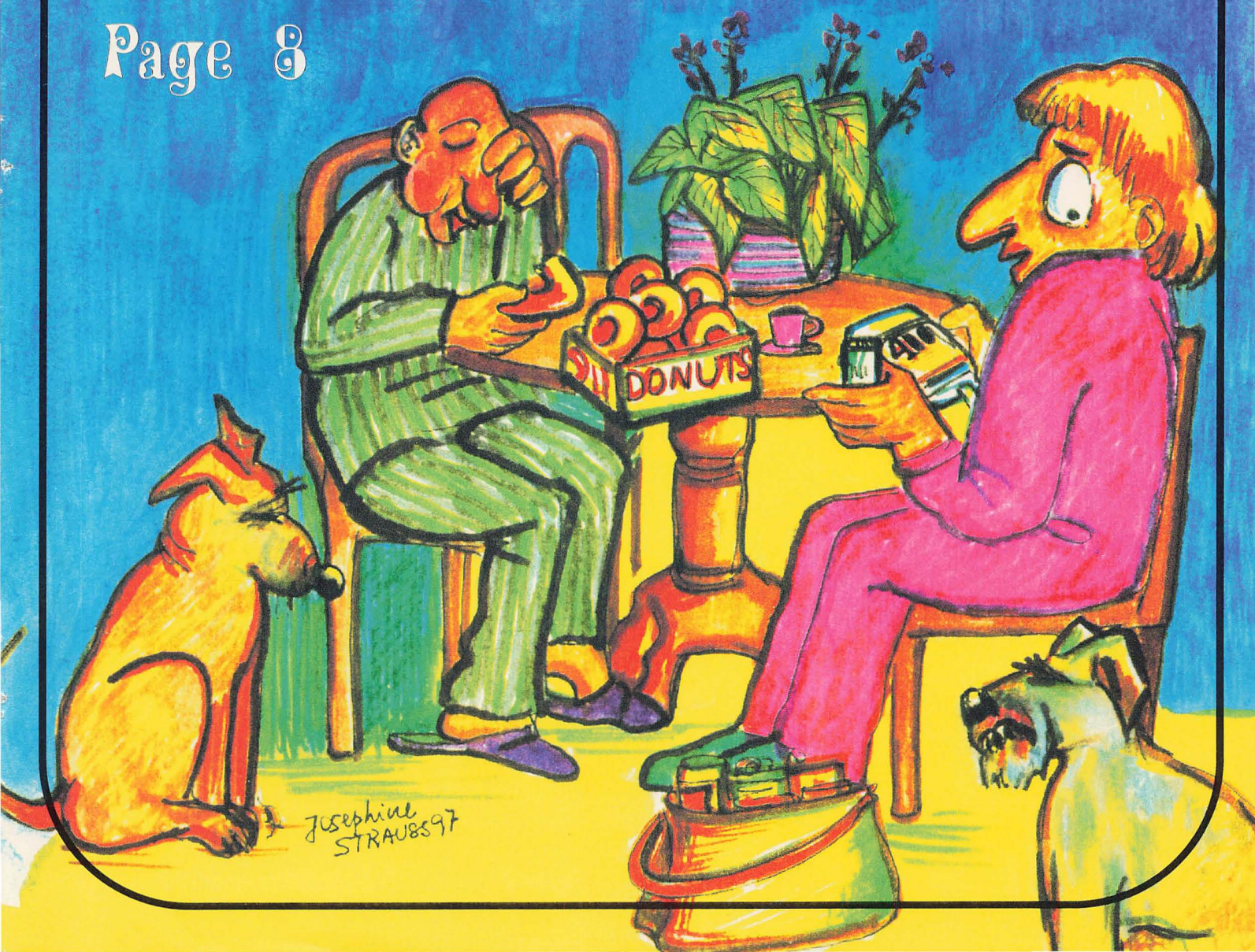
JOURNAL OF NURSING

# *Jocularity*

The Humor Magazine for Nurses

Volume 8, Number 2 - Summer, 1998

Where Else But in  
Home Care?  
Page 8



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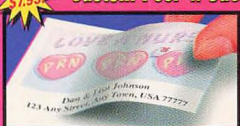
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# Journal of Nursing *Jocularity*

The Humor Magazine for Nurses

## Who We Are

**Publisher** Douglas Fletcher, RN  
**Editor** Fran London, MS, RN

## Contributing Editors

John Baringer, RN – Surgical ICU  
Raymond Bingham, RNC – NICU  
Anita Bush, PhD, RN, CNRN – Assistant Professor  
Karyn Buxman, MS, RN – Humor Consultant  
Carol Cramer, BSN, CEN, RN – Emergency Department  
Mark Darby, RN – Mental Health  
Carol Edson, BA, RN – Hospice  
Colleen Gullickson, PhD, RN – Assistant Professor  
Christopher Hughes, RN – Emergency Department  
Frances Kiefer, MSN, RN – Staff Nurse  
Georgia Moss, RN – Intensive Care  
Katherine Robertson, MSN, RN – Community Health  
Liz Schultz, CRNA, MS – Nurse Anesthetist  
Steven J. Schweon, RN – Infection Control  
Bina Goodman Simon, BSN, RN – Float Pool  
Judith Vallery, EdD, RN – Education  
March Warn, RN, CNOR – Operating Room  
Patty Wooten, BSN, RN – Humor Consultant  
Marion Jackel Wilson, LPN – Home Health

## Illustrators

C. J. Miller, RN – School Nurse  
John Wise, RN – Post Anesthesia

## How To Contact Us

Journal of Nursing Jocularity  
P.O. Box 40416  
Mesa, AZ 85274  
602-835-6165  
FAX 602-835-6922

**Publisher** – laffinrn@neta.com

**Editor** – FranLondon@compuserve.com

**Catalog Fulfillment Coordinator** Patricia Fletcher  
602-835-6165

**Speakers Bureau, Writers' Guidelines, Reprints**  
**Administrative Assistant** Candace Neudecker  
602-835-6165  
Candace@jocularity.com

**Ad Sales**  
Knapp & associates  
800-458-9148

**Subscriptions**  
**Subscription Fulfillment Coordinator** - Eva Beverlin  
602-835-6165  
subs@jocularity.com

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# MUSINGS

## FROM THE EDITOR

The *Journal of Nursing Jocularity* is written by nurses, for nurses. We have no agenda beyond appropriate insider humor. What we publish is merely the best of what you submit to us. What you submit is a function of what you laugh at: the humor you find at work. Most often, this humor is at the stress points.

In a previous Editor's Note I observed that we were getting fewer articles about conflicts with bosses and more articles about managed care. This is the result of bedside nurses feeling the impact of our transition from medical care to health care.

Just a few years ago, *JNJ* looked like a humor magazine for nurses who worked in hospitals. Period. Specialty areas like the OR, ED and ICU were represented. But most articles referred to hospital nursing.

Now, there seems to be another theme emerging. Lately, almost every issue has at least one piece on home care. For example, this issue has Edith West's article titled, "Where Else But in Home Care?" In it, she mentions why home care appeared attractive (one patient at a time) and laments some of the advantages of hospital nursing she misses. A sign of the times?

We're also printing more articles from other realms of our profession. School nursing. Outpatient Nursing. Psychiatric Nursing. Quality Assurance. Chronic Care Nursing. Documentation Review. Infection Control Nursing. We're branching out.

And you're more politically aware. We're getting and

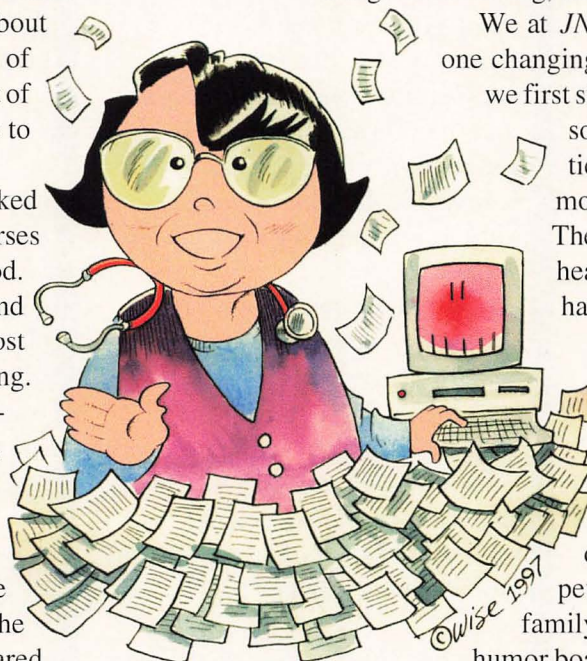
publishing more articles on nursing and the media, the health care system, and the powers that shape our profession. We've also had several pieces on the future of nursing, if it continues its current path. Fiction intended to impact awareness in the present, and change our future.

We're publishing more nostalgic articles on how nursing used to be. You're not always pleased with the way things are evolving, are you?

We at *JNJ* are especially heartwarmed by one changing trend in our submissions. When we first started publishing this magazine, we sought out experts to contribute articles on the therapeutic use of humor. Now, our experts are changing. They used to be humor specialists; health care professionals who took a hankering to humor and decided to make it their livelihood. More and more, we are getting these articles from you, nurses in direct patient care. You are sharing the ways you incorporate humor into your practice. You send in anecdotes of how you used humor therapeutically with a specific patient or family. You tell us how you created a humor board, basket or cart. You tell us how

you incorporate clowning, acting, cartooning and joy into your practice. You tell us how you use humor to make nursing school more humane. You tell us how you use humor with your coworkers to break the tension and build the team. It looks like we're doing our job.

So if *JNJ* ain't what it used to be, it's because nursing is keeping up with the times. And the times, they are a-changing.



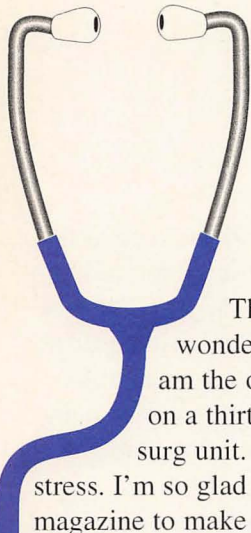
Fran London

Fran London, MS, RN  
Editor



# Stethoscope:

Listening to our Readers



Thank you for a wonderful magazine. I am the only charge nurse on a thirty-two bed med-surg unit. Talk about stress. I'm so glad we have a magazine to make us laugh!

Marilyn Idukas  
Thousand Oaks, CA

I love the concept of your "Golden Bedpan Award." Unfortunately, the problems in health care appear to be universal. The people least being considered are the people at the "coal face" and the clients. I work for a Community Nursing Organisation where the powers that be have decided that two nurses can share one car. This means that some clients will now be getting their visits at night when they have been used to a daytime visit. The majority of these clients are elderly and like to be locked up safely before dark. Never mind the safety of the nurses either. The organisation can save \$90,000 per year this way. I'm sure they would rather we cared for dollars than people.

Karen Wilson  
Brisbane, Q Australia

I needed to reply to the Golden Bedpan Award in the last journal. I have thoroughly enjoyed *JNJ*, but I personally feel that this is extremely tacky. There are many good personnel working in facili-

ties you so graciously demeaned. I can laugh at HMOs, big corporates, etc., but to begin putting specific names to facilities has gone a little too far. I respectfully and as a loyal subscriber ask that you reconsider and remove this.

Carol  
via Internet

*Publisher's note: I still work as a nurse and understand your thinking, but our Golden Bedpan Award is not intended to belittle the doctors, nurses and other hard working health professionals who strive to provide adequate health care in spite of the policies of the hospitals and organizations they work for. I think our story makes that clear.*

*After much discussion, we decided that Columbia did deserve this distinct honor. We truly believe that the corporate policies of Columbia best represent a trend toward making lots of money in health care with inadequate regards to the health of the patients they should be caring for.*

I've been a subscriber since your very first issue and have preserved them all. As usual, your Winter 1997 issue is terrific . . . except for the article "Doctor Types." Dr. Armand Hammer, was characterized as a military-type expecting nurses to snap to attention and salute. Currently, I'm working as a civilian nurse in an Army/Air Force hospital in Germany and nothing could be further from the truth. Military docs don't act like that because nurses are frequently of equal or greater rank. A major is a major regardless of race, creed,

color, or MOS (military talk for career choice). Therefore, nurses are almost always treated with respect and as equals. There are exceptions to the rule but those are usually new to the military.

The articles about changes in the health care system are funny but a little scary as we are PCSing (moving) soon and trying to find a job in my preferred field of Maternal-Child Health may be difficult on our return to the States. I'll be counting on *JNJ* to keep my humorous bone in good health.

Cindy Francis  
Landstuhl, Germany

Please cancel my subscription immediately. I was hoping to use your journal as a source of humorous stories. However, I found most of the material not funny. Instead of relying on your submissions, you may want a ghost writer who can tell a story.

Annette Flanders  
Crystal River, FL

I just received my Spring 1998 issue of *JNJ* today and as usual it was insightful, clever and of course, funny! I also discovered your website today and wanted to tell you how much I appreciate your good work and the efforts of those who take the time to write about the crazier side of this profession of ours!

Please keep up the good work, and don't let those with no sense of humor get you down.

Fran Dies, RN  
via Internet

I just wanted to write and say thank you for your magazine. I





enjoy getting  
it in the mail  
and taking time to  
sit down and read it. I am

a new nurse. I graduated in May 1997, and started a job as a nurse in July 1997. I wasn't quite prepared for the world of nursing outside nursing school! I found while nursing is enjoyable most of the time it is rather demanding and stressful at times. It's also a place where I don't want to make mistakes because mistakes can cost life and health. Unfortunately mistakes are inevitable no matter how careful I am. I am only human!

Your magazine gives me time to unstress and enjoy life and laugh. It also reminds me how normal I am and how many other nurses there are out there just like me. There's a lot of humor in your magazine, but there's also a lot of truth in it too. Thank you very much.

PS: I have to fight my dad for this magazine, and he's not a nurse. He owns a picture frame business.

*Dee Card, RN  
Greensboro, NC*

I have just finished reading "I Am a Male Nurse" in the Spring 1998 issue. And being a nurse who just happens to be male, I must say that I found the story extremely funny, and poignant. For I, too, have seen that "look" when I inform people that I am a nurse, not a doctor. To be followed with the usual, "Do you ever think of going to medical school?" I have often wondered how often my female colleagues get that "look" with the usual response. But then I still cringe at the seemingly necessary prefix to my title. But I must confess that I love the "look" when I introduce a colleague with, "she's a female nurse." Sick, eh?

Well, I'll end my ravings with keep up the good work. For me, it's back to my electric shock sessions.

*Bill Hines  
Mt. Vernon, OH*

I have been anxiously awaiting my first issue of Jocular, and it finally arrived today. I was not disappointed by what I read. As a male nursing student, as well as the editor of our own student newsletter, I found the articles extremely funny and refreshing. I look forward to my next issue.

*J. Alan Pitts  
Statesboro, GA*

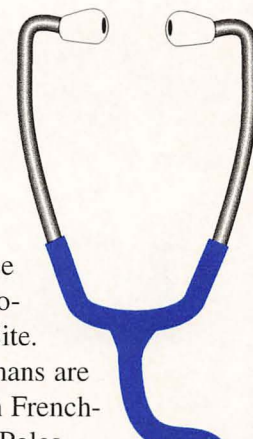
Oh, thank you, thank you, thank you for the wonderfully succinct article you ran by Ray Bingham ("Billable Hours") this month. He expressed our present situation in such an eloquent and touching way! I am so happy to be part of a profession that contains people like him.

*Liz Fitch, RN EMT  
via Internet*

I've been subscribing to JNJ since I was a nursing student, several years ago. I find the humor you spread to be a great break from working in the trenches. I work night shift on a Brain Injury Unit. The acknowledgment of humor in the workplace is essential to the preservation of the sanity of anyone in this profession. In our role as nurses laughter helps us to heal as we continue to try to provide the best of patient care. Thanks for helping us to do that.

*R.M. Herring, BA, RN, CRRN  
Mooresville, NC*

I wish to take issue with the author's use of the term "European-Americans." Such a term is very



unfair to the diverse cultures of the European Geographic Site. For example, Germans are very different from Frenchmen, Englishmen, Poles, Hungarians, etc.; the last two great World Wars underscore what vast differences there are between these people. This frankly bigoted caricature of "Europeans" just adds to the misunderstanding between the races. I hope the author will be more politically correct in the future!

*RCS, M.D.  
via Internet*

*Publisher's note: I must say that being correct for political reasons is low on JNJ's priorities.*

I think you are great! I am a student nurse (second semester). Most of my instructors seem to have no sense of humor. I have a hard time holding back my response sometimes, though I'm afraid it will affect my grade if I respond the way I feel. It's such a relief to be able to read things from others that seem to feel the way I do. I have always had a "warped" sense of humor, though I am not lacking in compassion. Thanks for being there!

*Cindy MacArthur  
Barnstead, NH*

*Send your correspondence to:  
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Mesa, AZ 85274 or email to  
LaffinRN@Neta.com. We reserve  
the right to edit letters for length  
and clarity.*



# Where Else But in Home Care?



by Edith A. West, RN, MSN

I was sitting at Mr. C.'s kitchen table, surrounded by old photo albums, listening to him sing the second chorus of "I Left My Heart in San Francisco" into a hair brush. Where else but in home care could a nurse find herself in such bizarre situations? This kind of thing never occurred when I worked in the hospital. Granted, we had our share of weirdness. Like the time the confused old guy in 306 decided to go home at three in the morning wearing nothing but his hospital gown. But being on the patient's home turf lends itself to the bizarre.

Mr. C. sang with a big band in the 1940s. Apparently he did not get much company, now. I was happy to reassure him that indeed, he still had a fine singing voice, although I was really there to check his incision. Nurses simply are not

trained how to interrupt a guy singing into a hairbrush. So you smile, sit quietly and listen. That is, if you want to be invited back.



Let's face it, patients are *patients* in the hospital but are strictly *people* at home. Take, for instance, the woman I saw last week with out-of-control diabetes recently discharged from the hospital. As soon as I arrived at her apartment she ushered me into a kitchen laden with donuts and a liter of Pepsi. She offered me a jelly donut and a glass of cola. This same woman, while hospitalized, was probably hiding a box of chocolate from her nurse. Had we been in the hospital instead of her kitchen, I might

have taken those donuts to the nurses' station. But, alas, we were in her home.



Patients at home don't see conditions or illnesses the same way they do in the hospital. When I interviewed a new patient a few days back, I got to the question on the form that asks for any pre-existing medical conditions. He shook his head vehemently and assured me he had had no other hospitalizations or medical conditions of any kind.

His wife piped up, pointed to his left leg and shouted, "Oh, for heavens sakes! Tell her about your leg!" He responded angrily that there was nothing wrong with his leg. I asked if he had any problems with his left leg in the past. He looked at me blankly for a moment and said, "Oh, yeah, this here leg got blown clean off by a land mine in World War II." He then knocked on the shin of what was obviously an artificial limb. Now, I don't know about you, but in my book a missing left leg and a prosthesis definitely qualify as pre-existing medical conditions. I suspect if I asked this man this question in an examination room while he was in a hospital gown, he would have remembered that his left leg has been missing for the past fifty years.

Home care also has the added attraction of travel.

Why does someone who lives in a city or suburb feel the need for four wheel drive vehicles? If you're driving a Subaru Outback, that is where you need to be, in the outback. If you are in front of me on the parkway in one of these eight-foot-high vehicles, I am not able to see the exit signs until it is too late to exit. And, for a woman armed with a set of directions that were probably given to Amelia Earhart just before her last flight, this is not a good thing.

If I manage to make it off the main highway at the correct exit, I inevitably spend the next forty-five minutes looking for a street named Garritt, Jarrett or something that sounds like Ferret. Though I really should not complain when I get a "sounds like" street address type. It is much worse to be handed a set of directions that ends with "Road #3, Box 2000." When I see this, I allot myself several days extra in traveling time. I refer to this address type as, "make a quick left when you see an old red barn and a right at the tree." Once, I found a woman at one of these addresses on the first try. But my troubles were not over because, as I was getting my bag out of the trunk, several large hounds descended upon me. The lead dog had paws as big as my

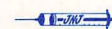
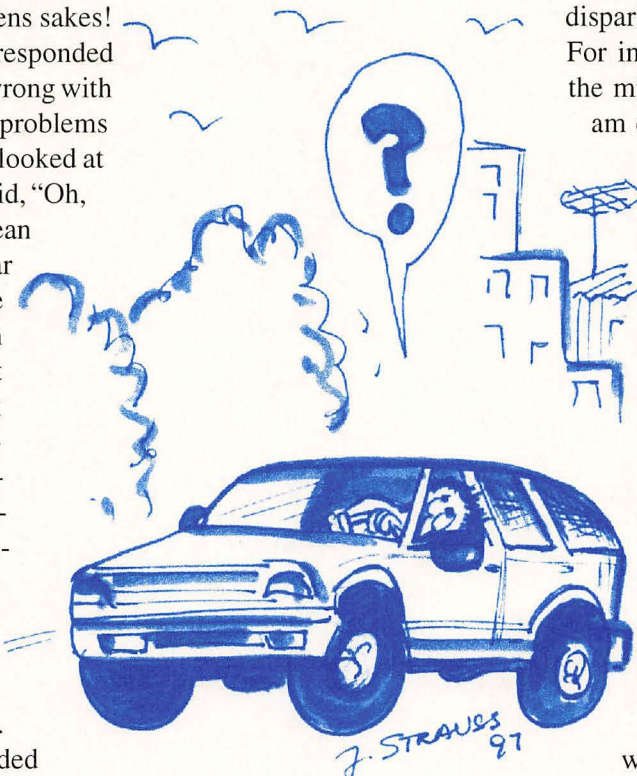
head. Doing home care, I have learned to hate large furry creatures. When I worked at the hospital, I only got lost once when I couldn't find the lab. I wasted three extra minutes and was never in fear of being devoured by a pack of wild dogs prowling the hallways.

In addition to the patient and travel problems associated with home care, I have noticed a disparity between office and field staff. For instance, when I complain about the mileage and number of patients I am expected to see, the office staff are not sympathetic. This concerns me. What is seen by my coordinator as "only two more exits on the Pennsylvania Turnpike" is forty extra miles. Sometime in the near future I expect to see a referral in my box for a patient in West Virginia or Ohio. I think my office manager is under the impression that I have a time machine instead of a 1992 Eagle Summit that needs four new tires. Soon she'll ask me to see patients "yesterday." Just think of the boost in productivity this would create!

I had heavy patient assignments in the hospital and dreamed of having "just one patient at a time, like they do in home care." I did not realize they would be fifty to seventy-five miles apart and I would be required to visit them in blizzards. and on highways traveled by nuts.

I envy the lunch breaks office staff get, too. Unless I ask a family member to brown bag a lunch for me, stand on a major interstate and throw it to me as I drive by, I don't eat lunch. Sometimes I long for the days when I worked in a building that was stationary, with other human beings who would cover for me when I needed a break. When you finally find your way home, chances are there are three messages on your answering machine telling you to call the office because they have more patients in neighboring states for you to see tomorrow.

But I am looking forward to seeing Mr. C. again. He wants me to come prepared to sing a duet with him. I want to do, "Sentimental Journey." Of course, I shall have to remember to bring my own hair brush.





# Shedding Light on the Lamp

By Johanna Rocco, R.N.

Florence Nightingale was born May 12th, 1820. Hey! That must be why Nurses' Week is celebrated the second week of May.

Remember Florence Nightingale? She founded the nursing profession. She started one of the first nursing schools back around 1860. She wrote 200 books, including a nursing text. She was in charge of caring for wounded soldiers in the Crimean War. She was an organizational and administrative whiz. But what is this accomplished woman most remembered for? Florence Nightingale carried a lamp.

A lamp? Not like the lava lamp in the living room, or the Noah's ark lamp in the kids' room, but a lamp like the one Aladdin rubs. You know, the one where a genie with Robin Williams' voice comes out. An oil lamp. It's depicted in logos of nursing organizations, its form is carved into nursing pins and rings, and a silhouette of this lamp appears on your car's dashboard when the oil is low.

Few people use oil lamps these days. Yes, they are romantic as long as you don't burn down the tent. They tend to create messy soot. Highly impractical on the ward . . . the smoke, the little flame, the O<sub>2</sub> via nasal prongs . . . KaBoom! Of course, Florence Nightingale didn't have to worry about that in her time. They used fresh air, available through remarkable windows that opened and closed.

So why does the lamp become the symbol of nursing? Why not the cap or the caduceus? A symbol is a means of communicating a reality beyond itself. A lamp produces light. Symbolically speaking, the lamp emanates the light of understanding and wisdom. Enlightenment. It serves as a guide for people on a path. Thus, it represents the nurse, a beam of light for patients even in broad daylight.

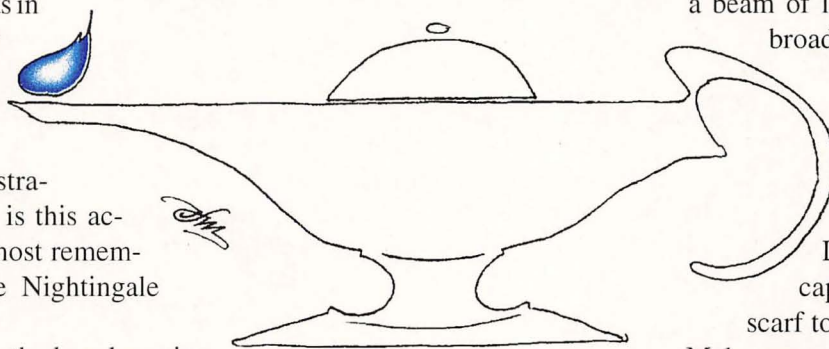
Besides, Florence Nightingale actually carried a lamp when she did her rounds at night. She was not known as The Lady with the Cap. The cap she wore was more of a scarf to contain her hair. Caps? Male nurses never wear them. Nor

was she known as The Lady with Caduceus. How functional is a caduceus? Barely. It's an emblem of the medical professional and a whole other can of snakes. Florence Nightingale was The Lady with the Lamp. An oil lamp, beautiful in design, and downright practical—for the 1800's.

Fortunately, the oil lamp has been replaced by the flashlight. Safe, clean and portable, it illuminates our way through dark rooms where patients appear to be sleeping.

Florence Nightingale illuminated the way for nurses, and so does the flashlight. So, tote your flashlight with spirit! And please, let it also remind you to lighten up. Know what I mean?

By the way, has anybody got a couple of AA batteries?





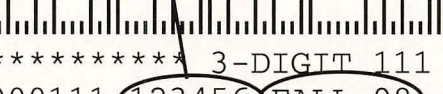
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# AMONG THE ABSENT

BY CAROL A. BISTRONG, RN, MS



The woman bent over the side of her wheelchair reaching for something just beyond her. Bernice Reed rushed to her, "Mrs. Turner you're going to fall out of that chair. Let me help you." Bernice reached down under Mrs. Turner's arms and pulled her to a seated position.

Mrs. Turner batted her eyes several times in a failed Morse code. Bernice asked, "Hungry?"

She shook her head. "Thirsty?" Again, a negative response. "Want to go back to bed?" Mrs. Turner glared and dropped her head on her chest.

Later in the nurses' station, Bernice asked an aide, "Pam, why don't you take Mrs. Turner out into the garden and let her sit under the willow? The new plantings might cheer her up."

When Pam returned with Mrs. Turner, she told Bernice about the cat she chased away from the flower bed. Pam had chased the same cat out of the solarium earlier that day.

"How did it get in there?" Bernice asked as she continued her paperwork.

"I think it followed the orderly in. It must have scooted under the wheelchair and Stan didn't notice it until he came back from the second floor. You should have seen him trying to catch it. He got a hunk of cheddar from the kitchen and chased that cat around, trying to get it to eat from his hand."

They both laughed at the thought of the six-foot-five Stan sweeping down into hidden corners trying to entice a kitty.

"He finally caught him and put him out," said Pam.

Later that day Dr. Walters came in to see Mrs. Turner.

"Now, how's that fine lady doing with her physical

therapy?" he asked as he reached for Mrs. Turner's chart.

"She's shown improvement, but I'm concerned about her attitude," said Bernice. Her brow furrowed as she scribbled with her pen on a scrap of paper. She drew a woman with a turned down mouth.

Dr. Walters looked down at the pad. "What does that mean?"

"Oh, I'm sorry, Doctor. I'm a doodler. It's Mrs. Turner. She seems to just glare at me." Bernice explained to Dr. Walters what had happened earlier when she'd tried to help Mrs. Turner.

"She can't use her arms or speak. Do you expect her to look happy?" Dr. Walters said.

Bernice hesitated. "No, but something about her response is odd."

"She's probably just tired," Dr. Walters said, flipping through the chart.

Bernice met Mrs. Turner when she was admitted and had been rewarded with smiles despite the woman's discomfort. Something had changed.

The next morning at report, the night nurse said Mrs. Turner had spoken her first word. The news pleased Bernice, but she barely suppressed a laugh at hearing the word was "popcorn."

"Are you sure?" Bernice asked the night nurse. "Could it have been Pauline, her daughter's name?"

"It didn't sound like Pauline."

Later that morning her daughter came to visit, and Pam told her that her mother was beginning to articulate. The daughter tiptoed out of the room after finding her mother napping and told the aide she'd come back later.



When the patients were made ready for lunch an aide reported that again Mrs. Turner said "popcorn."

"Do we have popcorn in the kitchen?" Bernice asked the aide.

"No."

"After your lunch, run down to the store and buy a bag of microwave popcorn."

After lunch Pam made the popcorn, put it into a bowl, and accompanied Bernice to Mrs. Turner's room.

Bernice put the little bowl in front of her on the bedside table. As Mrs. Turner focused on the bowl, her face got red, but she managed to pick up several pieces of popcorn. She laid them out on the table in an oval, piled up a few more at the narrow end and stretched out some in strings, as if trying to make a shape. Then she looked at them meaningfully and, using all the muscles in her palate, she said, "popcorn" while pointing to the arrangement she'd created.

"Yes. Go ahead and eat it. We made it for you."

Again Mrs. Turner said "popcorn."

"Help yourself," Bernice said. With that Mrs. Turner took the side of her arm and swept the popcorn all over the floor, lay back in her bed and shut her eyes.

Dr. Walters came into the room. Bernice explained to him what happened and he was puzzled, too. Bernice was holding her breath waiting for his response, but he turned away instead and tried to elicit a word from Mrs. Turner. She was too tired to move and he left after checking her chart. Bernice, dispirited by their failure to communicate, made an appointment to meet with Mrs. Turner's daughter the next day.

In the morning, as Bernice was leaving for the solarium to meet Mrs. Turner's daughter, Stan said, "Miss Reed, what shall I do about this pesky cat?" Under his huge arm he was holding a skinny yellow cat. "It's managed to slip into the nursing home again. This time under a stretcher." Bernice looked thoughtfully at the cat and then asked Stan to put him in an unused bathroom. Bernice left for the solarium where Mrs. Turner's daughter was waiting.

"Now tell me about some of your mother's interests."

The daughter told Bernice that her mother had been involved in The League of Women Voters and enjoyed needlework and gardening. "She has a great sense of humor, too," the daughter said. "I remember years ago when we gave her a kitty. She said he jumped around and popped up suddenly just like a piece of . . ."

Before the daughter could finish, Bernice blurted, "Popcorn! Is Popcorn the name of her cat?"

"Yes."

"Yellow?"

"How did you know?"

"And where is he now?"

The daughter twisted the handle on her pocketbook and said, "After Mom had the stroke, he just disappeared. We looked everywhere. But we never found him."

"Your mother doesn't live far from here?"

"No. A few blocks. That's why we picked this nursing home. It's so convenient. . ."

Again, Bernice interrupted Pauline. "Wait here!" she said, rushing off.

It wasn't long before she reappeared followed by Pam and Stan. Bernice turned to Stan and said, "OK, show it to her."

As he stepped forward the daughter could see that he was holding a skinny yellow cat in his arms, who was squirming to be released.

A little later Bernice, the daughter, Pam and Stan advanced to Mrs. Turner's room. Just as they were about to enter, Dr. Walters appeared.

"What's going on?"

"Come into Mrs. Turner's room with us," Bernice said. Dr. Walters looked at his watch, and then said, "All right, but make this short."

They all trooped into Mrs. Turner's room with Bernice leading and Stan pulling up the rear. Mrs. Turner looked up, startled to see so many people.

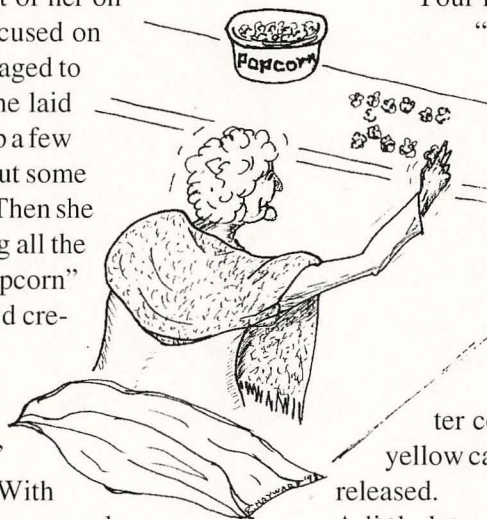
Bernice walked over to her bed, took her hand and said, "Mrs. Turner, please talk to us."

Mrs. Turner frowned, but then she shrugged her shoulders, took a deep breath and said, "Popcorn." Stan left the doorway where he had been standing holding the cat wrapped in an old towel, and walked over to the bed, placing the cat on Mrs. Turner's lap. The cat purred and licked her face. She smiled at the cat, kissed it and said, "Popcorn!"

The daughter laughed. "Next week I'm having a party and you're all invited. Right, Mom?" The daughter turned to her mother, who was holding a purring cat curled inside the crook of her arm.

Mrs. Turner smiled and nodded, yes.

Dr. Walters said, "I'll bring the catnip."





# MEMORIAL DAY

## WEEKEND

by Christine Quaal Vinson, RN

Listen my friends and I'll tell all of you,  
Of Memorial Day weekend in ICU.

Most folks, as you know, they just love holidays;  
They go to the beach, they sleep late, or they play.  
But health care professionals are a different sort.  
While you are still snoozing, we're hearing report.

It was not a good one (the report, I mean).  
From way down the hall came a blood-curdling scream!  
"He's all right," they said, "Beers all day from a keg,  
Took a drive, wrecked his car, now they're fixing his leg."  
Now that was the good news, the bad news would follow:

For Mr. Jones needed a STAT Barium Swallow . . .

"Six of your patients will need a bed bath . . .

And dear Mrs. Smith needs a cardiac cath."

There're CAT scans and lung scans, Dr. Lane wants to swan,  
And the ER's been wanting a bed since before dawn.

The ER is full, they need beds so they say,  
Will any kind doctors move patients today?

"Not mine!" is the answer, if we dare ask.

"I will not move mine. All the floors are short staffed!"

I do have to say that we all kept our heads  
And worked very hard, answered bells, made the beds.  
And transported patients, push and pull as we might.

The orderly that day was nowhere in sight!

I hope you remembered as you cooked on your grill

That we were here passing out bedpans and pills.

As you swam and you ate and you drank your iced tea,

We were donning our masks for a pos-AFB.

As you turned on your sprinkler, and chilled all the beer,

We wondered, oh why did we choose this career!

If you ask me tomorrow, you can guess my reply,

"Hell no . . . I won't work on the Fourth of July!"



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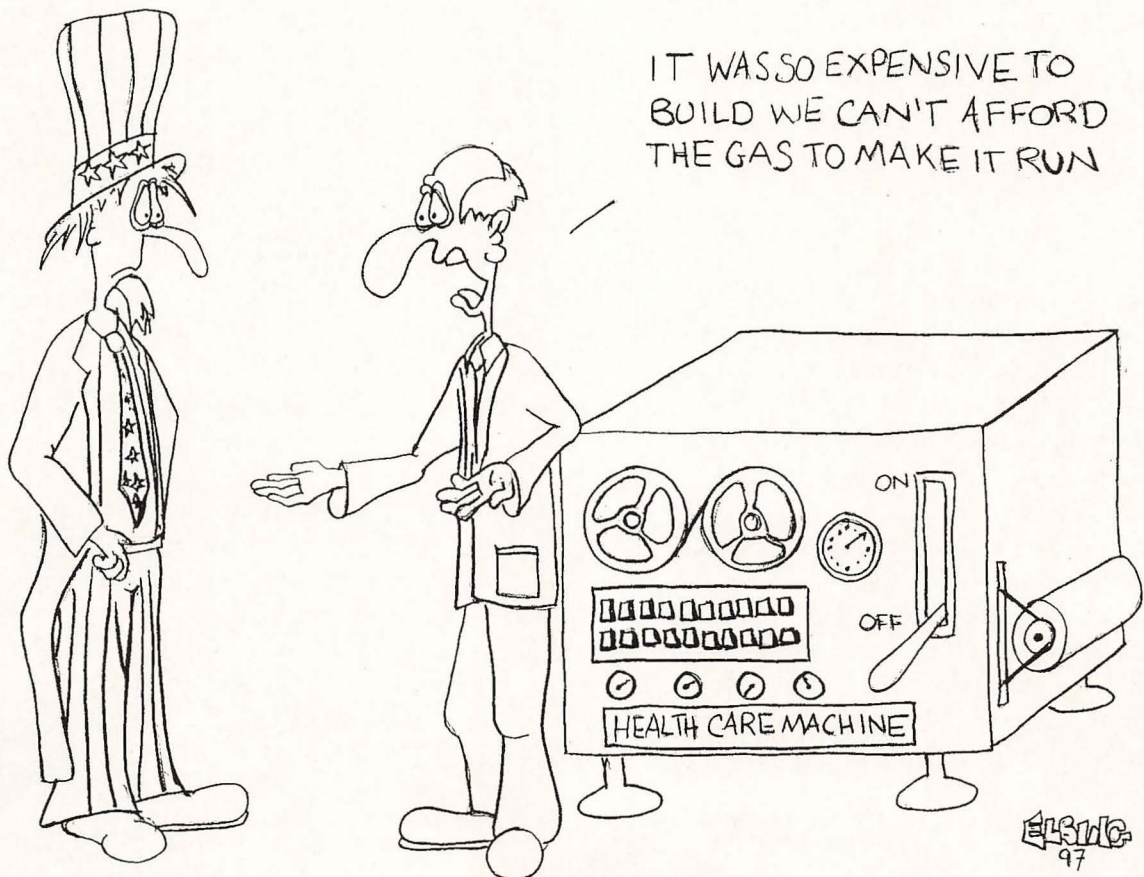
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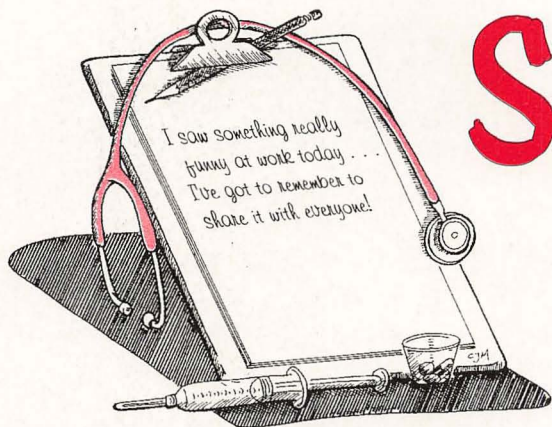
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# Stories From The Floor

## It's the Real Thing Colleen Bible, RN

I am a home care nurse and my husband, Earl, shares my interest in health issues. Although he prides himself on keeping abreast of new medical discoveries and treatments, he has been known to get things somewhat confused.

One day early in our marriage, Earl became ill: coughing, feverish and aching all over. His family doctor diagnosed a chest infection and prescribed a course of antibiotics. After several days he still showed no signs of recovery. He was quite disappointed and began to question his medical treatment.

"Do you think that my doctor could have given me a gazebo instead?" he asked.

I did not have the heart to correct him.

## Cattle Prod Therapy Martha Watkins, RN, BSN

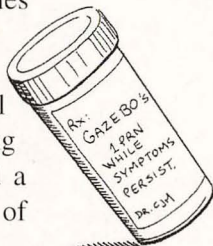
I was circulating nurse in a dkinky hospital. This hospital had an outstanding orthopedic surgeon, whose attitude kept him from working in better places.

Because he was always in a rush, he cauterized all bleeders by touching cautery to the hemostats. These patients were slow to heal and had large hematomas for months.

We always began with the cautery on a low setting and increased it gradually as requested. One day we had enough. The third time he said "Turn the %&\$!# cautery up!!" we turned it up all the way. The next time the good doctor touched a hemostat, everything went flying.

We were frozen awaiting his response, but he just quietly requested a new pair of gloves and resumed surgery.

It worked for us.



## Breast on Call? Vicky McCaffrie, RN

I had an OB/GYN appointment the last time I was on call. I had been paged endlessly the entire day. I put my clothes on the chair next to the exam table with my beeper on top. The very second the new MD palpated my breast, the beeper went off. In frustration I said, "It does that all the time and drives me crazy."

The MD looked at me very seriously and asked "How do you make your breast do that?"

## She Can't Even Talk Anne Marie O'Neill, SN

While working as a nurse assistant, I went into a room to check on a patient. She was due to go for a test and was NPO. The woman's granddaughter (a woman in her 30's) was sitting at her bedside. The granddaughter asked me if it was O.K. to wipe her grandmother's head with a damp washcloth.

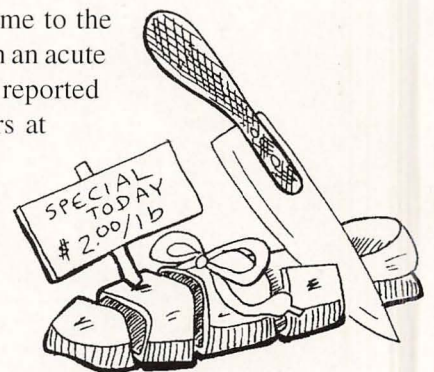
I told her that it was fine and she replied, "I know I can't put it by her mouth."

Confused, I asked her why. Her answer: "The sign on the door says nothing by mouth."

## Hold the Mayo Tim Andrews, RPh.

A retired butcher came to the emergency department in an acute confused state. His wife reported he sliced up his sneakers at home, "to prepare something to eat."

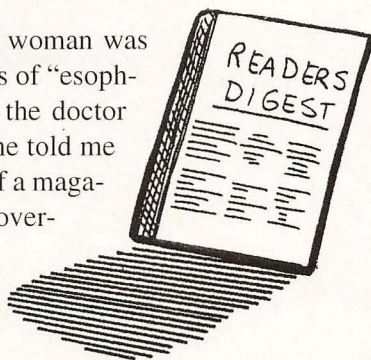
As pharmacist, I suggested it was probably filet of sole.





**Medical Humor**  
Mary Sims, RN, BSN

One evening, a young woman was admitted with the diagnosis of "esophageal obstruction." After the doctor jotted down some orders, he told me the patient had eaten part of a magazine. A nurse walking by, over-hearing his words, offered "hmm . . . was it Readers' Digest?"



**Kids Say The Darndest Things**  
Paula J. Wilshe, BA

A weeping young man was led through the doors of the Emergency Department. He had fallen while in-line skating, lacerated his head and needed stitches. He was overcome with needle-phobia. He tried to be stoic, but soon became irrational with panic. He was so scared he shrieked, "Help me! Help me! Call 911! Where is William Shatner when you need him?"

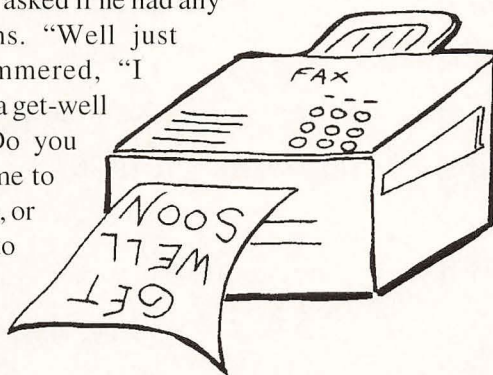
**Is It a Hallmark?**  
Sandy Nichols, RN, EMT-P

One of our nursing home residents, Mr. Smith, started to go downhill suddenly. After my coworker, Penny, and I finished assessing him, I suggested Penny contact Mr. Smith's son and tell him about the deterioration.

After she had made the phone call, Penny told me the son said, "Well, I was planning to leave in the morning to come out there to see him."

Penny stressed his father was very critical and he should come sooner. It took her several minutes to convince him of the urgency of the situation. He finally agreed to make the five hour drive that night.

Penny then asked if he had any more questions. "Well just one," he stammered, "I bought my dad a get-well card today. Do you think I have time to bring it with me, or should I fax it to you for him before I leave?"



**Oriented Times Minus 3**  
Karen Dunkley, RN, CMT

Nurse: Mr. Jones, have you passed any gas?

Mr. Jones: Yeah! There's an Exxon station just up the road.

Nurse: Mr. Smith can you tell me who's president?

Mr. Smith: No, but his wife is Hillary.

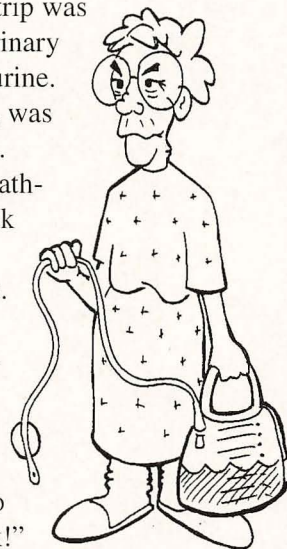
**Can't Turn Your Back for a Minute!**  
Regenia Simmons, RN, BSN

At two in the morning Mrs. Orina arrived at the nurses' station. This was not an uncommon occurrence, since she had sundowners. However, this trip was unique. She was clutching a urinary drainage bag, half filled with urine. Trailing behind her, still attached, was the catheter with balloon inflated.

Mrs. Orina had not sported a catheter since her admission one week earlier.

"Where did you get that, Mrs. Orina?" the nurse asked.

"Honey," she said in a confident tone, "that lady in the bed next to mine stole my pocketbook! I've been waiting all day for her to go to sleep so I could go over and get my pocketbook back!"



**YES!**  
Ginny Sullivan, RNC, BSN

My elderly home care patient was discussing a recent visit to his cardiologist. He informed me of his medication changes. He told me his physician tried to explain how the heart and lungs were closely related. "You know, doctor," he reported saying, "You're on the right path here, but my nurse beat you to it. She figured this out a month ago and explained it all to me."

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.



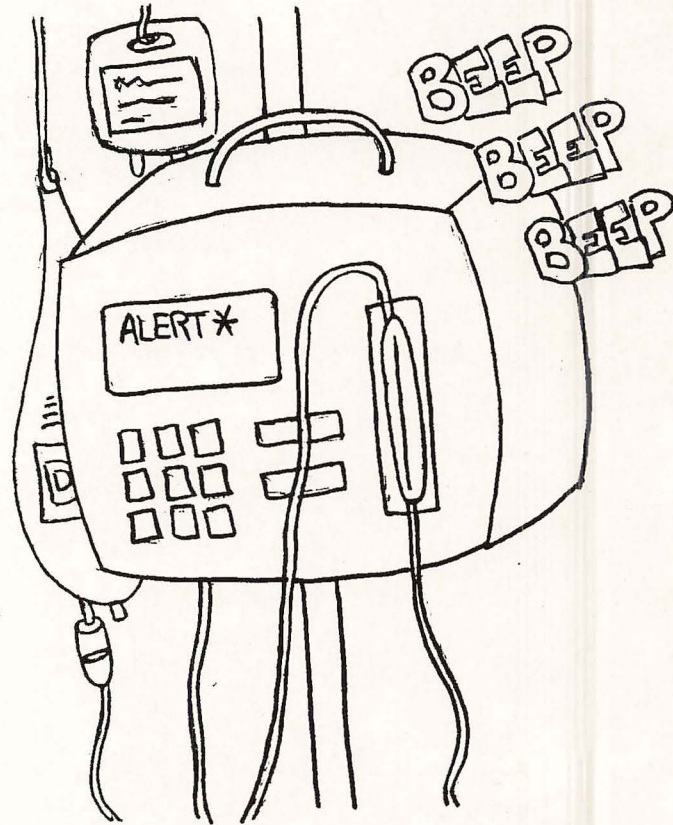
# Ode to an IV Pump

by Judith A. DeBoer Baker, RN, MSW

I hope that I will never see  
An IV pump that talks to me.  
I've seen the kind that beeps and squawks,  
And tips when taken out for walks.

That looks at me with buttons square  
And makes me want to tear my hair.  
The rate, it says, what shall it be,  
Two-twenty-five or forty-three?

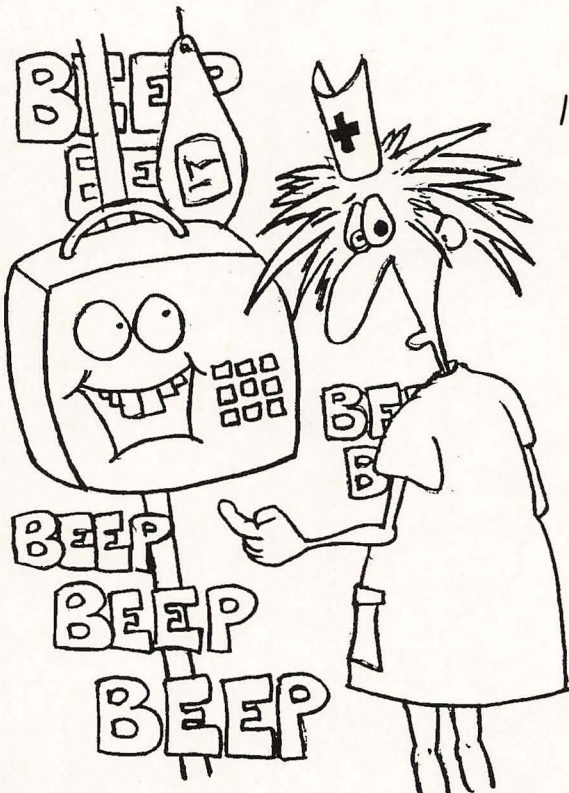
And volume that will be infused—  
It only leaves me more confused.  
Cc's per minute? Drops per hour?  
Remember to turn on the power.



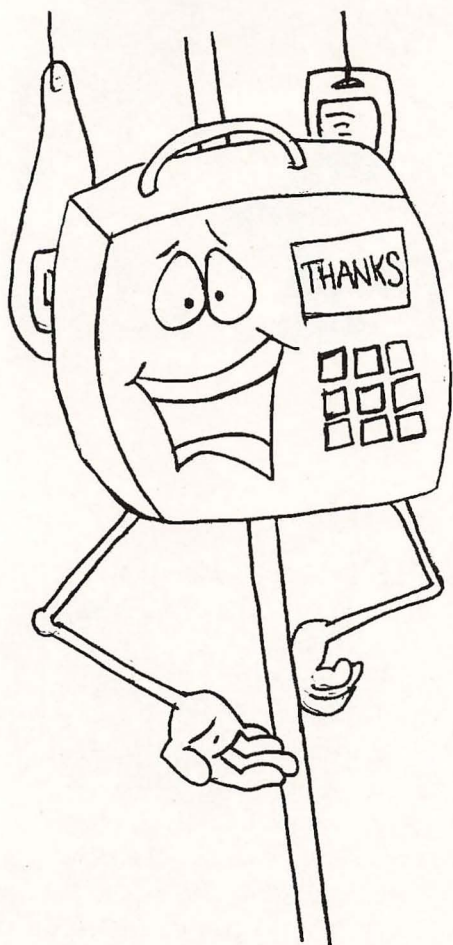
It beeped again, now what did I do?  
I've already pushed Stop. I thought I was through.  
Is it primary, secondary, long or short?  
If I do this wrong will I go to court?

There's air in the line, that looks like trouble,  
Is it a burp or just a bubble?  
To clamp or not, the question was.  
The answer—always—"just because."

The clamp is off, why won't it run?  
I can't think when I've had more fun.  
My patient thinks I'm really dumb.  
The end of the shift will never come.







Okay, it's connected, the line's all flushed,  
The numbers are right, the room is hushed.  
The air is out, the kinks are too.  
The needle's taped, what more do I do?

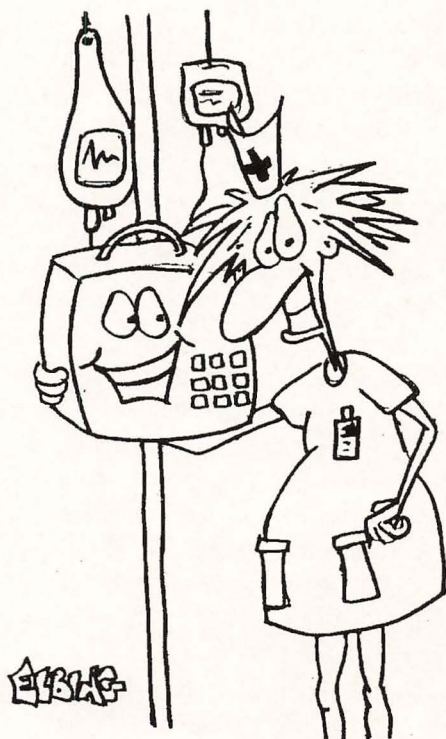
Now touch the little green button called "Start,"  
Walk out of the room, I've done the hard part.  
But no, as I get thirteen steps down the hall,  
I hear my friend Pump beginning to call.

Will it say "air" or "occlusion upstream,"  
or "battery low?" I only can dream,  
"You forgot to say thank you" the letters will say,  
As I read the LCD's blinking display.

If it said it out loud, I'd collapse on the spot,  
No, a pump that could talk is a definite not.  
If it hung its own piggy-backs, that would be cool,  
But the nursing instructor is nobody's fool.

She'd make all the piggy-backs hang without pumps,  
Just so I still would be down in the dumps.  
'Cause figuring drip rates and counting the drops,  
And keeping it running right through the heplocks

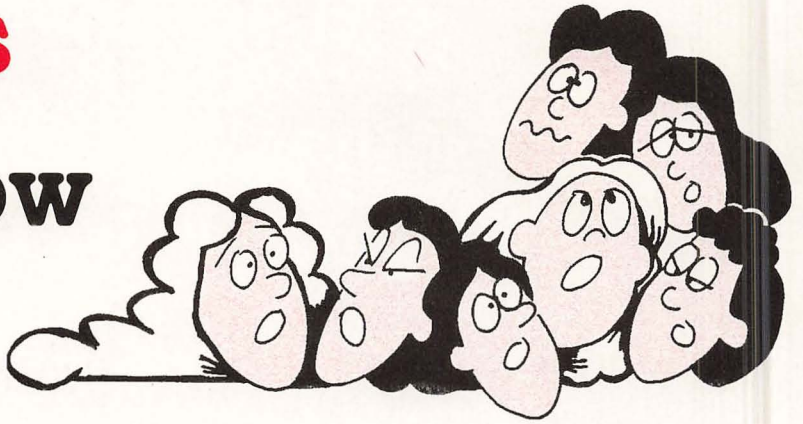
Is just as hard as the pumps, I fear.  
So I think we're stuck for the rest of the year  
With pumps that don't know how to talk,  
But just look back at you and beep and squawk.





# OB Patients We All Know

by Twyla S. Vincent, RN, C, BSN

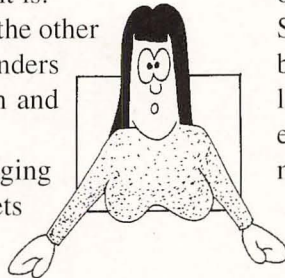


I'm a nine-and-a-half year veteran of OB nursing. Here is how we categorize some of our favorite patients:

**The girlfriend.** Her significant other is a married man. He slinks in late in the evening or early in the morning to see his love child, unless also present is:

**The wife.** She is unknowing of the other mother two doors down. She wonders why her husband keeps bouncing in and out of the room.

**The multipara.** She comes trudging in for her eighth delivery, barely gets off her underwear, no prep, no enema. Invariably, to the dismay of the doctor, the labor room nurse catches the baby.

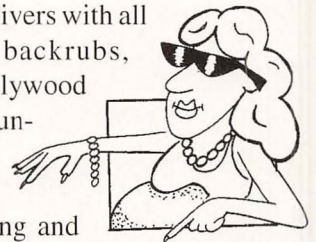


**The primipara.** She totters in, gasping, doing her breathing as taught in childbirth class, lugging a pillow and her focus point. This focus point can range from a picture (common) to a bright yellow stuffed elephant (rare). Her guilty husband (it's all his fault), walks heavily along behind with her suitcase and more birthing supplies. The labor room nurse does her vaginal exam, and, smiling with her teeth gritted, declares, "Well, you're dilated to a fingertip." This patient is usually sent home until real labor starts.

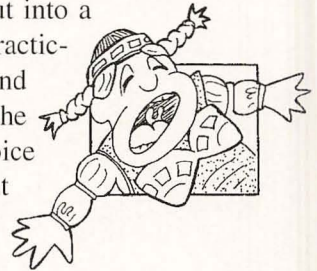


**The great unwashed.** She comes in dirt-encrusted. The nurse dons a surgical mask, two pairs of gloves, and a scrub gown, then gingerly does a vaginal exam to check dilation. Then, after the exam, unless the patient is dilated 9 cm, this patient gets the "standard admission shower" with soap.

**The earth mother.** She delivers with all the breathing techniques, backrubs, effleurage, and flair of a Hollywood production. That evening, one unfortunate nurse tapped on, then opened the door to her room. She quickly backed out, gasping and blushing. Upon intense questioning, we learned that the earth mother and the child's father were entwined on the bed, both naked! For the rest of her stay, no one enters this room without knocking and calling out.



**The opera singer.** She comes into the labor room, has a vaginal exam and is put into a labor bed. She then begins practicing the scales, starting low and soft. By the time she delivers, she has passed high C and her voice could fill Lincoln Center without a microphone. Her nurses' ears will ring for hours.



**The grudge-bearer.** Once active labor begins (meaning, it hurts), she begins hitting and screaming at her significant other. If she is going to hurt, so is he. By delivery, the poor battered guy looks worse than she does.

After delivery, almost all patients tell their significant other two things:

1. It was worth it.
2. I'll never do that again.

Of course, the dads all wish for the good old days, when they waited out the labor around the corner, in a bar.



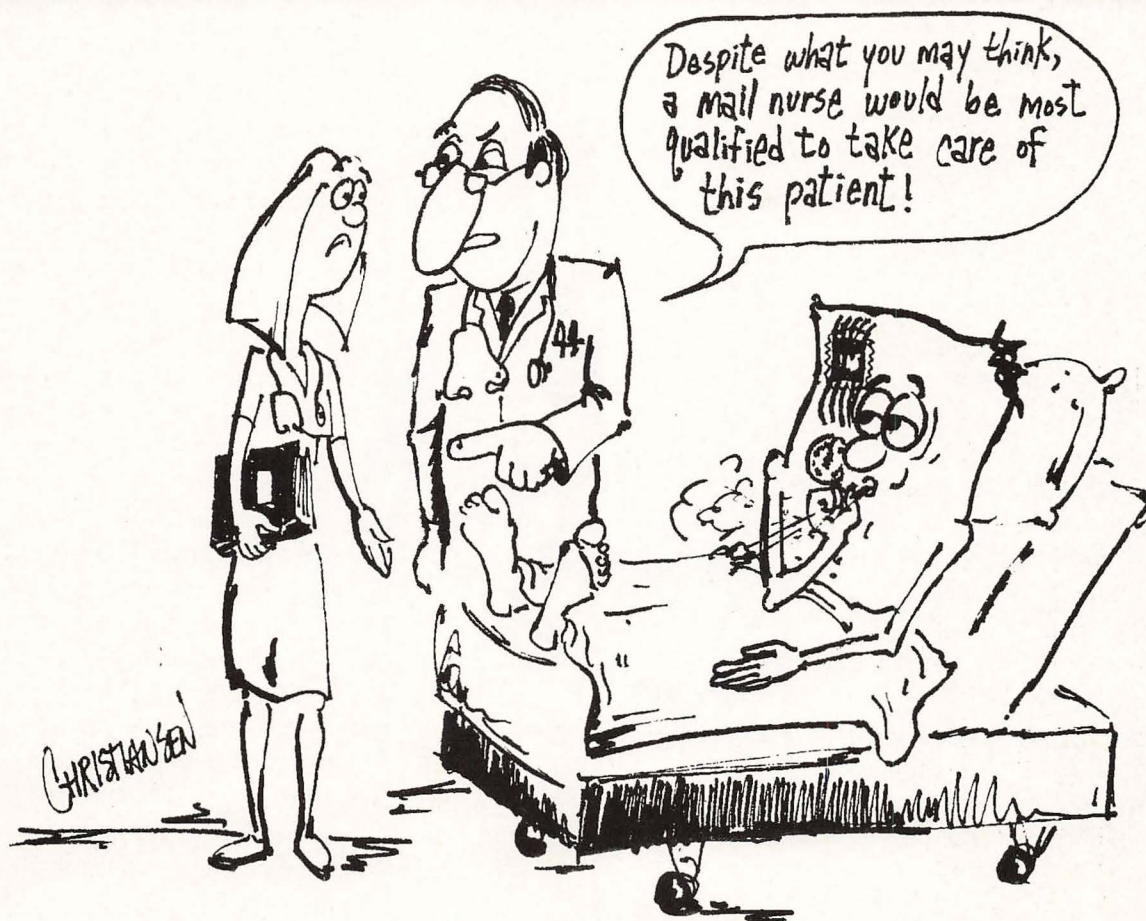


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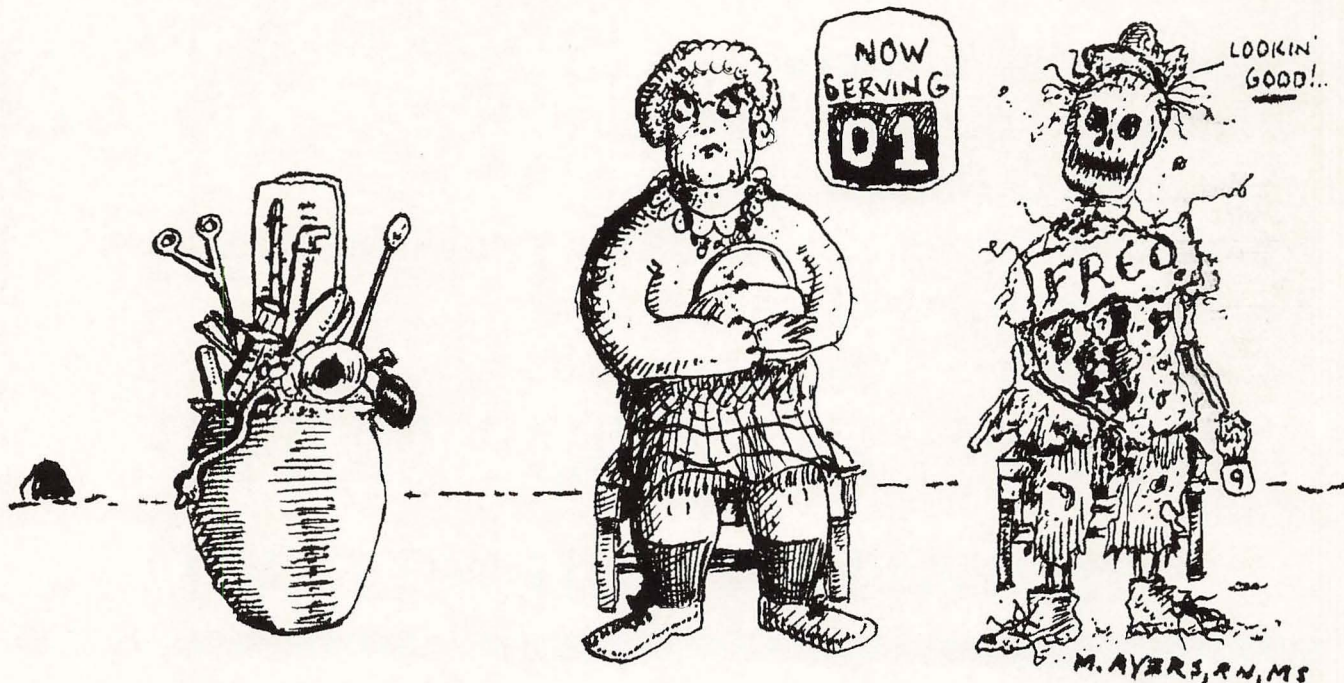
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# The Physical

by Char Feldman, BSN, RNC



Clara just had a complete physical. You're the Case Manager in the Ambulatory Care Department and you get to do her exit interview.

Clara's wearing a bright, could be called gaudy, polyester top with lace at the collar. Her pleated skirt ends a few inches above her thick brown socks. The picture is completed with white orthopedic shoes and three strands of beads hanging from her neck, much like M&Ms. You know this woman is serious.

She tells you that her Fred was always preaching at her about getting a complete physical. So she had made an appointment, and such a morning she had! She never did see much sense in doctoring. She remembered how good everybody said Fred looked at his funeral. She knew, of course, he would look good. He had been in the hospital a week when he died.

She just didn't understand getting people looking good for their funeral. When she died, she hoped it would look like she had suffered. Her tombstone was going to read: "I

Told You I Was Sick" or maybe it will say, "Thin At Last." She hadn't decided yet.

She tells you about her morning at the doctor's office. She claims the only chair left in the waiting room was next to a disgusting old man. Apparently he had a bad cold and was coughing every few minutes. As if that wasn't bad enough, he would pass gas at the same time. She had to listen to Fred fart for over forty-five years and enough was enough.

Then, after she reminded the receptionist several times of her scheduled appointment, they finally called her name. Why, she had been in labor for shorter times than she sat in that waiting room. She was put in a refrigerated room and given a hanky to wear for a





gown. It was open not just in the back, but also in the front. She wondered, is there no respect for privacy anymore?

She said she might as well be dead from what that young doctor told her. He gave her such a list of "Do's and Don'ts" it made her head spin. She wanted a simple physical and he wanted an organ recital. If she wanted his advice she would ask for it. She just wanted a little exam with a few blood tests and a chest x-ray. Besides that, he was crazy if he thought she was going to change her ways now.

The clinic had sent her "those stupid cards" to test stool for blood. She didn't know what to do with them so she asked old lady Johnson "because she always acts like she knows everything" and she just raised her eyebrows at her and told her to "just s - - t on it." Well, she told Mabel to "just go jump in the lake" and the fight was on.

Then, this young doctor told her there was a lot she could do to preserve her youthfulness. The doctor told her environment was important. He didn't even know her husband Fred, but she told him that her environment was a lot better now with him gone.

The doctor asked her if she drove and did she wear a seat belt. She said of course she still drives and absolutely never does she use a seat belt. "He should know any woman with half a brain feels the same. Those ridiculous straps, invented by some man, cut across my chest while trying to strangle me. Why, if I had to slam on the brakes I could decapitate myself or do a mastectomy. Maybe both."

She was thinking she was going to leave his office any minute if he didn't stop with his dumb questions. Didn't he know her time was valuable? Then he asked her if she exercises. "Tell me, nurse, do I look like I have a body made for exercise?"

She said she will never go again to one of those exercise classes. The students all wear tights. Why, standing next to them made her want to call Dr. Kevorkian for an emergency consult. She remembered when she tried walking around the mall. She walked so fast her thighs rubbed together and her underwear caught fire.

The doctor told her she should know warning signs and when to see a doctor. "Hell, someday I'm a walking S.O.S." She was getting so irritated sitting there in that "dishrag they call a gown," she said she was developing frostbite on several parts of her body.

Then, the doctor said it was time to start the exam, "as if he's doing me a big favor." He listened to her chest with his stethoscope "packed in ice" and asked her if she smoked. Sure she did. Everyone knew why she started in the first place. She had to keep her hands busy so she wouldn't strangle Fred.

Then the doctor told her he was going to do a breast exam. She says she damn near fainted. He pulled open the gown and stood there staring at her chest. Why, she didn't even let Fred see her with the lights on.

The doctor told her to lay down and started to do what he called a breast exam. She thought he was kneading dough for a pie. When he started telling her about the breast self-exam, she shook her head no. She'd heard that song and dance before. There is no way on God's green earth she was going to start playing with herself once a month. Why, she didn't even let Fred touch her that often.

Then the doctor said he was recommending a mammogram and she said he could recommend all he wanted. She has had one and she was through having her breasts squashed like pancakes. She said there wasn't much air left in them now.

While, she was "lying there prisoner" the doctor said she needed a pap smear. She knew a lot of women had them, but who ever said they *needed* one? So, there she was in this "icebox they call an exam room" and he called for the nurse. Great, she thought, two against one.

She acted like it was no big deal as she was told to slide her butt to the end of the table. She told them she was paying for the exam and the doctor could just slide up the table. But no, down she was pulled and her feet put in those metal vise grips. If I'm not in hell, she thought, she was sure getting close. Then, "Dr. Frankenstein" inserted a metal shoe tree and her "life flashed before her eyes." And all she could see was that damn Fred!

She said the worst part was yet to come. She thought he was through, but he stood up, slapped some goose grease on his size ten hands and before she could say a prayer, was examining her again. "It was awful, just awful." He had such a grip she thought he was going to pick her up like a bowling ball.

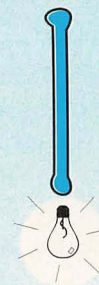
Well, they finally let her put her clothes back on. That doctor she hopes to never see again said a nurse would be back to discuss her lab results and any questions she might have.

You are that nurse.





# Call Lites!



## The JNJ Joke Collection

**“Did you hear about the man in 22B? Now that the transplant’s over, he wants to go back to his wife.”**

**“Yeah, I guess he had a change of heart.”**

*Submitted by Terri Quillen, RN*

**“I hear you joined a physical fitness club to lose weight.”**

**“Yep. Some months ago.”**

**“How much did you lose?”**

**“About \$1250.”**

*Submitted by Dorothy Stauffer, RN*

**Fifty-five year old woman to MD: “Just something to keep me going ‘till Medicare, Doctor.”**

*Submitted by Edith M. Emmons*

**The doctor sent her patient a bill for a physical. The patient didn’t pay, even though the doctor resubmitted the bill four times. Finally, the doctor sent a picture of her infant daughter, with a note saying, “The reason I need the money.”**

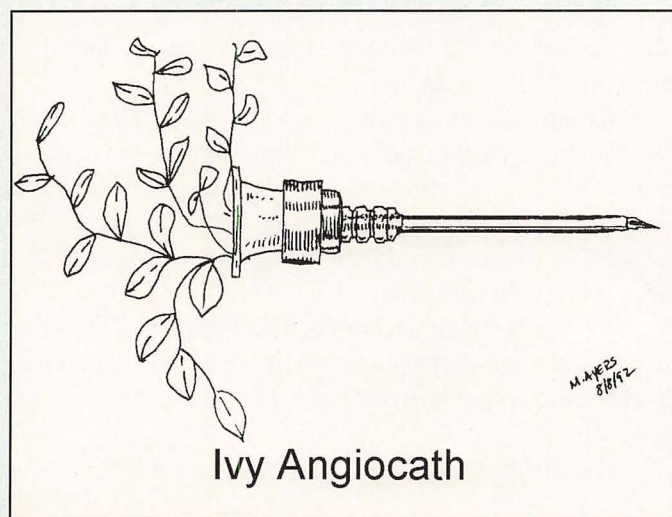
**A week later the patient responded. No check, but a picture of a gorgeous woman in a mink coat, on the back of which was a note, “The reason I can’t pay.”**

*Submitted by Jim Ward*

**Q: What is a waiting room?**

**A: A place where a person becomes patient.**

*Submitted by John Duncan, LPN*



**A woman had a face lift and a tummy tuck. Afterward, her surgeon examined her and said, “I have some good news and some bad news for you.”**

**“Give me the bad news first, Dr. Gucci.”**

**“The crow’s feet at the corners of your eyes didn’t smooth out quite as well as I expected.”**

**“Oh, well. And the good news?”**

**“After the tummy tuck there was enough skin to make you a nice purse.”**

*Submitted by Don Helfer, DVM*

**Q: How does rehab cure chemical addiction?**

**A: They charge so much, you can’t afford alcohol and drugs.**

*Submitted by Steven J. Schweon*

**“Did you say your prayers tonight?”**

**“Yes, Mama.”**

**“Did you pray for good health for your mother?”**

**“Yes, Mama.”**

**“Did you pray for good health for your father?”**

**“Yes, Mama.”**

**“Did you pray for good health for all people?”**

**“Of course not! My father and mother are doctors. I don’t want them to be unemployed!”**

*Submitted by L. S. Howard*

**Q: What is a common ailment of roofers?**

**A: Shingles.**

*Submitted by Adrian C. Allen*

**Patient: “I have a pain in my right leg.”**

**Doctor: “You are getting older.”**

**Patient: “My left leg is the same age and it doesn’t hurt.”**

*Submitted by Joy Partain*

**The doctor told his patient he would be back on his feet.**

**He was right. He had to sell his car to pay the bill.**

*Submitted by Vivian Birkner, RN*

**A man once willed his body to science. His body was such a wreck, science contested the will.**

*Submitted by Debbie Woods, RN*



Woman to plastic surgeon: "Thanks for the lift!"

*Submitted by Badri Kowsari*

Auto mechanic to doctor: "Watch your oil pressure and see me again in 1000 miles."

*Submitted by Donna Forechetti*

When you are very sick you walk into a hospital.

When you are well, you are brought out in a wheelchair.

*Submitted by Pam Copeland, LPN*

"Why is your son so quiet?"

"The doctor slapped him twice when he was born and he hasn't opened his mouth since."

*Submitted by June B. Maxwell*

Q: What's the difference between an ICU nurse and a terrorist?

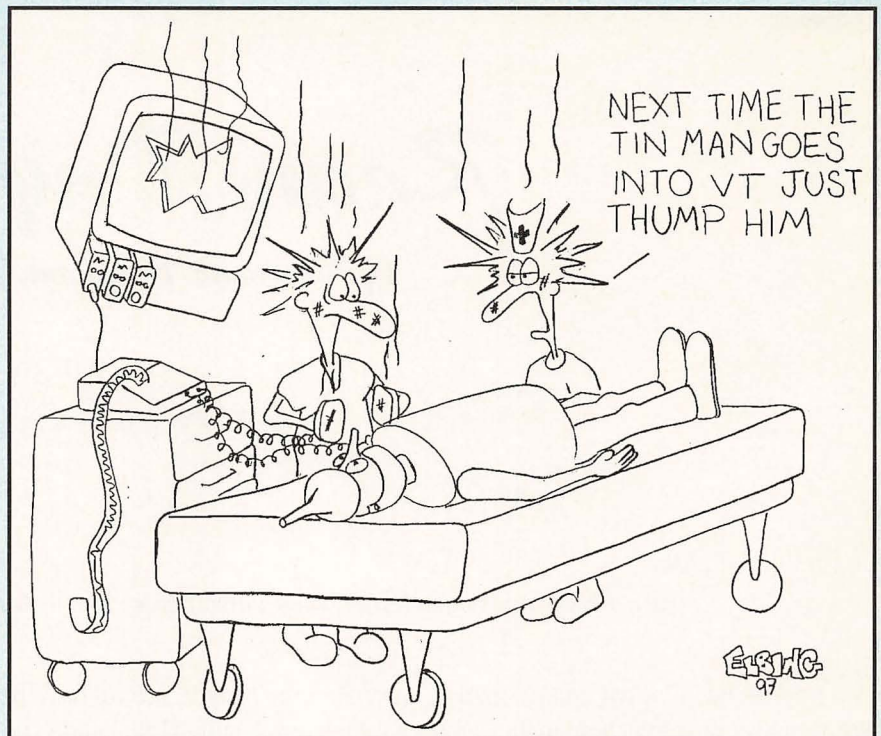
A: You can negotiate with the terrorist.

*Submitted by Cornelia X. CCRN*

Q: Why did the cannibal go to the psychiatrist?

A: He was fed up with people.

*Submitted by Steven J. Schweon*



"That young doctor was very nice and cheery. But he gave me this little toy after my appointment, like I was a child. I'm 85!"

"Maybe that's why they say he's a cracker jack in his field."

*Submitted by Terri Quillen, RN*

A Czech man's eyesight was failing, so he decided to see an optometrist. The doctor showed him a standard eye chart to read with the letters "CVKPNWCZ" and asked him to read it.

"Read it?" he replied. "I know him well."

*Submitted by Dorothy Stauffer, RN*

"Do you make house calls?"

"Yes, but my horse and buggy are laid up right now."

*Submitted by Micki Nieman*

Q: What problem do women have with colostomies?

A: Finding shoes to match the bag.

*Submitted by Toby Franklin*



Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.



# Rainy Day Baby

by Raymond Bingham, RNC

*How many roads must a man walk down before they call him a man? — Bob Dylan*

I have been down many roads. Sometimes I go down them in the back of a careening ambulance with sirens blaring while transporting a sick infant in an ancient transport incubator with batteries getting low and oxygen tanks going on empty and time running out. Sometimes I just walk.

Still, my fellow nurses in the Neonatal Intensive Care Unit (NICU) do not call me a man. They call me the "Rainman" or "Rain" for short. In ancient Native American cultures, the Rainman was a figure of awe and mysticism within the tribe. It was he, and he alone, who performed the sacred dances, who sang the sacred songs, who spoke to the Gods. He brought good things to his people. He brought the healing rain. As a nurse, I could do worse.

Of course, I have chosen to downplay that my nickname actually came from an autistic movie character who shared my first name.

For I know that I did not have to become a nurse. I grew up in the 60s, when anything seemed possible. The times, as Bob Dylan told us, they were

a'changing. Maybe I could have been a rock and roll star. How I ended up as a nurse I cannot say. So much about modern medical care bothers me—the dehumanization of the patient, the over-reliance on high-tech machines and medicines, the lack of human touch. Maybe I thought a human like me could help. Well, it ain't no use to sit and wonder why.

Actually, in the 60s I was pretty square. It was not until late in the 80s that I chose the path of a flower child. And it's tiny, sick, ill-prepared flowers I tend. Flowers just starting to sprout and grow. Well, they need a bucket of Rain. Sometimes the Rain works magic.

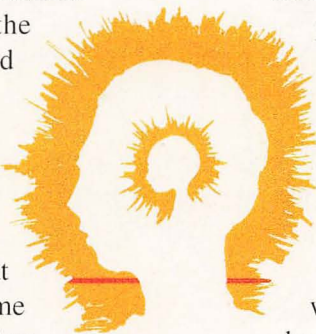
One Sunday, there was a baby I wanted, I wanted so bad. A rainy day baby.

In the lounge for report, I stood impatiently at the head of the table. When the charge nurse came in, I camped by her left shoulder. When I craned my neck to read the shift re-

port, I could sense her irritation. On the assignment sheet, I saw the baby I wanted, one-to-one. After she finished report, my hand darted to the sheet. "I'll take Baby J.," I said assuredly, then turned and walked out. Close your eyes, close the door, you don't have to worry anymore. Baby J., I'll be your nurse today.

I knew about Baby J. because I had worked the day before, Saturday. In a rare situation that management corrects once it is brought to their attention, the unit had been well-staffed. We had a nurse assigned to cover the Delivery Room, I was her backup, and we had someone else assigned to first admit. Having *only* seventeen babies on the unit, and nature abhorring such a vacuum, we expected to suck in a couple of admissions from the DR. Baby J., however, was the admission we did not expect.

He was a 38 weeker, born at 0500 that Saturday morning and taken to the regular nursery. The only complication: at one time his mother had a positive culture for beta strep. When he became tachypnic and started grunting later that morning, he was quickly





brought up to the unit and placed on nasal CPAP.

Normally I, as backup, would have admitted him. However, someone else was assigned to first admit, and he got the job. Assisting the DR nurse and doing my regular assignment occupied the rest of my day, but I kept an eye, and an ear, on Baby J. I saw his nurse and the nurse practitioner by his bedside constantly. I heard his grunting across the nursery.

When I left Saturday evening, he was still on NCPAP, but his respiratory distress was worsening. The possible course of a beta strep infection can be devastating—neonatal pneumonia and septic shock leading rapidly to Persistent Pulmonary Hypertension of the Newborn (PPHN) and the need for ECMO as a last resort. It's a simple twist of fate.

Leaving the lounge Sunday morning, I quickly strode into the unit. The good news was that Baby J. was off NCPAP. The bad news was that he was on the jet (ventilator, that is). If I had wings and I could fly, I know where I would go, and it would not be to ECMO. But you don't need a Rainman to know which way the wind blows.

In addition to the jet ventilator, Baby J. had required multiple antibiotics, frequent transfusions and two pressor drips through the night. Still, he had borderline pressures, low urine output, lousy blood gases, and looked deathly pale.

At 0700 when I walked to his bedside, the doctor was handbagging him on 100%, and he had a PaO<sub>2</sub> of 43. Wake up in the morning, fold your hands and pray for Rain.

They say the darkest hour is just before the dawn. After that hour, Baby J. and I had a remarkable day together. At 0800, after he had settled

down but before I had really touched him, he was back on the jet, saturating at 100% with a PaO<sub>2</sub> of 280. Soon, his blood pressure picked up, followed by his urine output. His blood gases shot through the roof. He pinked up and became more active. All of a sudden, he was cruising. We weaned, cautiously at first, then boldly and aggressively. By the end of my shift he was off his pressors, off the jet, and continuing to wean on the conventional ventilator.

My presence had worked! I saved him from the terror of ECMO! I am a layer of hands! A giver of life! A maker of magic! A healer of sick babies! I am the Rainman!

Throughout the day people would come up to me and say, "Congratulations, Rain, you really pulled this baby through." Baby J. turned around. A terrible thing had been avoided. Sometimes the magic of nursing is what *doesn't* happen. I was supposed to be happy.

Actually, though, I was let down. I had come to work expecting that a hard rain was a'gonna fall, and I had wanted to bring that healing rain. After all, I *am* the Rainman. But it turned out too easy, as if a cloud burst had come just as I was collecting my sacred implements. I never got the chance to do my Rain dance.

I knew I did nothing to save this baby. That was outside my providence. Rather, I did what was asked of me, what is asked of any NICU nurse on any day. I had stayed on top of my assessments, and noted changes. I gave medications. I followed through on orders. I did the proper lab work,

evaluated it, and brought it to the attention of the medical staff. I made interventions and evaluated the results. I remained calm, and talked calmly, confidently, and patiently to the parents to keep them assured and informed. But there was no sacred song and dance. I felt empty accepting any praise.

God, I have heard it said, makes the save, while the doctor collects the fee. Sometimes, I suppose, the nurse gets the praise. I would rather collect the fee.

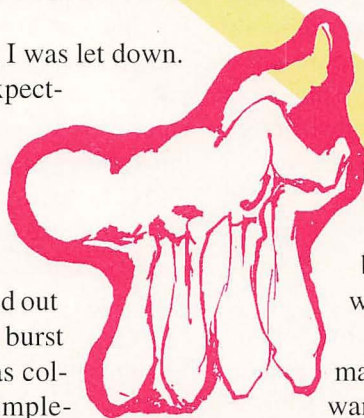
Then I would have something more tangible to pass around to the Admitting Nursery nurses who identified Baby J.'s problem early and got him up to the unit, to the nurse and the nurse practitioner who got him settled and did his initial work-up, to the nurse and the neonatal fellow who stayed by his bedside through the night as he rapidly deteriorated, to the nurse practitioner who worked with me during the day as he rapidly improved, to the charge nurse who got me through a hectic morning, to my fellow nurses for their help and support, to the cardiologist, to the X-ray and ultrasound techs, the nursing techs, the secretaries, the housekeeper, to anyone else who passed through. This was their dance. They brought the rain. All I did was the mop-up.

Yes, I have been down many roads. Sometimes I want to go down them alone, but that is not how it works. They'll stone you when you are all alone. But then I should not feel so all alone, everybody must get stoned.

Now the rainman gave me two cures, then he said, "Jump right in." The one was Texas medicine, the other was just railroad gin. — Bob Dylan

Now the rainman gave me two cures, then he said, "Jump right in." The one was Texas medicine, the other was just railroad gin. — Bob Dylan

— Bob Dylan —







# Heaven Can't Wait

by Paula J. Wilshe, BA

Our hospital implemented a new computer system. This new system impacted many areas of the hospital, and our Emergency Department was no exception. The new system is called the "Patient Information System," or as the registration secretaries fondly refer to it, "PISS."

Although the new system makes hospital record-keeping, insurance management and billing easier, it is challenging for those of us who register patients in the Emergency Department. This system requires much more information, and the program stubbornly will not proceed unless certain questions have been answered. Things can get dicey when the computer will not go on to the next screen while the nurses are hanging over me, waiting for the chart. This is especially a problem with unconscious patients, who refuse to answer anything.

Included in the new demographics package is the seemingly innocent question of religion. When the system was introduced and we were asked for our opinions, I said I felt "Religion?" was an inappropriate question to ask in the ER. It really isn't anybody's business, particularly if the patient is not visiting due to life-threatening illness. Asking a person with a finger laceration what his religion is will often bring on symptoms of anxiety, as in, "Oh my God, is it that serious? Help me, I'm having chest pain!" This question is not cost

effective, because insurance companies are reluctant to pay for electrocardiograms on patients whose original chief complaint was "cut finger."

But I was told that refusing to fulfill this section of the demographic screen would not be conducive to my continued employment, so I knuckled under and have made the question part of my routine. I have found many, many people are offended by the question, "What is your religion?" I have been told it is none of my business, none of my damned business, none of my f---ing business, that it is personal and, by one icy woman, "That is a very private matter and is not applicable here." What's funny is, although I think this is a terrible question, if they refuse to answer I get irritated. This does not make any sense, I know.

My friend Claudia thinks people may react badly to that question because it is too blunt. When she recently accompanied her mother to a different hospital the question was phrased, "Do you have a religious preference?" She suggested this might be more tactful. I decided to try it.

My very next patient was a man in his forties with a knee injury. "Do you have a religious preference?" I asked him, confident this approach would provoke a coherent and non-inflammatory response.

He paused thoughtfully, then answered, "In a doctor? No, I'm sure

whoever you have on staff will be fine." So much for the tactful approach.

When asked regarding her husband, "What is his religion?" one little old lady replied, "Oh no, dear, he's retired."

Another time, I asked a woman who was giving information on an ambulance patient, "What's his religion?"

"No, no," she said, flustered, "I'm just a neighbor."

I have also participated in the following dialogues:

Question: "What is your religion?"

Answer: "Republican."

Question: "What is your religion?"

Answer: "Acrostic."

Question: "What is your religion?"

Answer: "Gemini."

Question: "What is your religion?"

Answer: "Vietnamese."

Last night a young man felt very insulted. He stood up and glared at me, answering angrily, "Can't you see I'm white?"

I had just about lost hope for humanity. I'm nearly immune to the insults and the anger. But tonight, my faith in human nature was restored. I asked a young man, "What is your religion?"

With a warm, genial smile, he replied, "Well, you know, ma'am, I love 'em all, really."

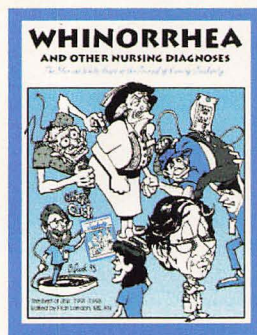
Bless his heart.



# THE JOCULARITY CATALOG

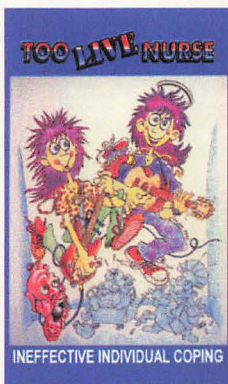
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**Whinorrhea and other Nursing Diagnoses.** This book is the best of the Journal of Nursing Jocularities's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. BK018BOB Whinorrhea and other Nursing Diagnoses. \$18.95. If you buy two or more copies, it's only \$15.95.

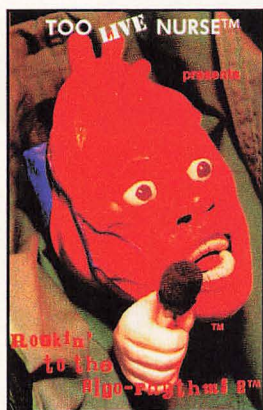
**Ineffective Individual Coping.** A slightly very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. TA007COP Ineffective Individual Coping \$10.00



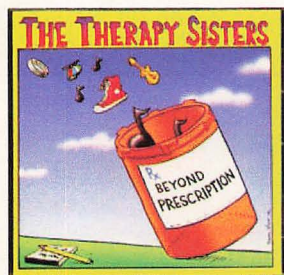
**Rockin' To The Algo-Rhythms 2** by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. TA001RAR Rockin' To Algo-Rhythms 2 \$15.00

**Special Offer!** Order Both Too Live Nurse tapes, Ineffective Individual Coping and Rockin' To The Algo-Rhythms 2, and get a FREE "Air Guitar"!

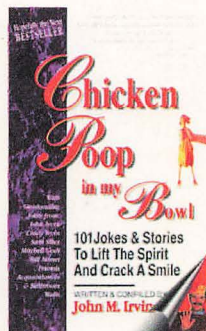
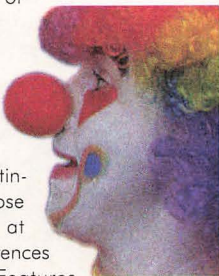
**44" Inflatable "Air Guitar".** A must for any humor basket or humor cart. MS006GUI Air Guitar \$1.25



**2" Sponge Clown Nose.** One of the most versatile items in your humor basket. **Get One Free With Every Order.** MS006NOS Clown Nose. One Dozen for \$6.00



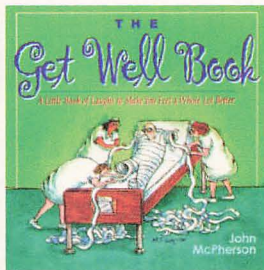
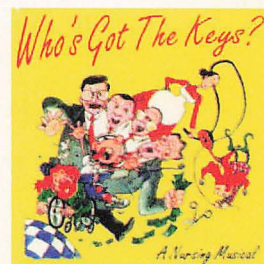
**Beyond Prescription** is the latest CD by the Therapy Sisters, an Austin-based comedy band whose hits have entertained at clubs and medical conferences throughout the U.S. Features "Weenie," the Ballad of John and Lorena Bobbitt and "Pool," about an amazing EMS rescue. TA020BP Beyond Prescription \$15.00



**Chicken Poop in My Bowl** by John Irvin. This book contains over 101 jokes, stories, riddles and such for almost any occasion. If you enjoy jokes, this collection is for you. *Chicken Poop...* contains some of the best humor John Irvin has found throughout the United States while delivering Hilarity Therapy® seminars. Paperback, 164 pp. BK035CPB Chicken Poop \$7.95

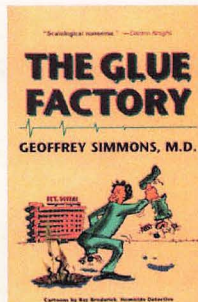
**Who's Got The Keys?** is a musical comedy extravaganza with a cast of 20 singing, dancing health professionals. Now available on Video tape! Recorded live at the Disneyland Hotel. This is a great gift for anyone in healthcare. You can also get the soundtrack on CD or cassette, and if you are a real fan, you can get the official "Who's Got the Keys?" T-shirt.

TA019WGV Keys Video \$24.95  
 TA019WGT Keys Cassette \$12.95  
 TA019WGC Keys CD \$17.95  
 TS016WGT Keys T-shirt \$16.00



**The Get Well Book** by John McPherson. This little book is filled with inside laughs about the cures, the pills, and the little indignities that doctors deliver. John McPherson's syndicated cartoon, *Close to Home*, captures the absurd and ludicrous details of everyday life, then puts a comic twist on them. Filled with 75 *Close to Home* cartoons, *The Get Well Book* is the ideal pick-me-up for anyone laid up in the hospital, facing a medical procedure, or just down with the flu. BK038GWB Get Well Book \$6.95

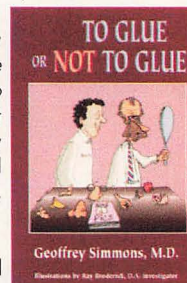
**Rubber Chicken Keychain** Put your keys on a Rubber Chicken Keyring and show the world your droll, sophisticated sense of humor. 5 3/4" long. MS037RCK Chicken Keychain \$1.99



**The Glue Factory** by Geoff Simmons. A medical-spoof novel about a robot doctor who can do everything from curing piles to open-heart surgery. He also encounters several very odd forces that are trying to prevent his success. 205 pp. with illustrations. BK024TGF Glue Factory \$6.95



**To Glue or Not to Glue** by Geoffrey Simmons, M.D. This sequel to *The Glue Factory* continues the zany satire. In *To Glue or Not to Glue*, Dr. Rossum, robot doctor extraordinaire, solves the mystery of M.A.F., introduced in the first book. Warning: Do not read this book if laughter is harmful to your health! Paperback, 191 pp. BK037GNG To Glue \$9.00



**Chordiac Arrest, Live and Well** This audiotape features 14 songs that will have you rolling in the hospital corridors! The group has been captivating audiences ever since with songs like "Ben Casey, Please Come Home" and "In My Neat Little Hospital Gown." TA013CAL Chordiac Arrest \$10.00



**Lumbar Mug** Put a little backbone in your coffee with the Lumbar Mug. A fun way to drink your morning libations! Dishwasher and microwave-safe, this mug fits comfortably in your hand and holds 12 oz. **MG013LMC Lumbar Mug \$10.95**



#### Backbone Pen Holder

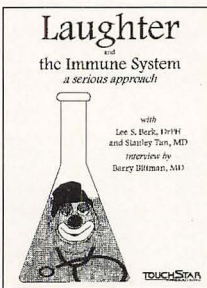
Anatomically correct lumbar vertebra from the human spine is cleverly drilled in the center to support a pen or pencil. Makes a great gift for your favorite nurse's desk top. Set of 2. **MS012BPH Backbone Pen Holder \$4.95**

**Bone Pen and Artery Pen** Bone-a-fide replicas of a human femur and an artery. Make no bones about it, you'll shock your friends with these nearly anatomically correct pens. Bone pen is blue ink and Artery pen is red ink. **MS017BPN Bone and Artery pen set \$4.95**



**Humor Magazine Collection** This compilation of humor resources is a great value for anyone doing research on humor or just interested in finding sources for funny stuff! It includes one copy of each of the following: *Annals of Improbable Research, Stitches, Inside Hysteria, Funny Times, The Comedy Magazine, Journal of Polymorphous Perversity* and a *Humor and Medicine Bibliography* compiled by the Editor of *International Journal of Humor Research*. This collection is valued at over \$26.00. **MS021HMC Humor Magazine Collection \$13.00**

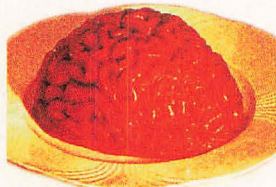
**Laughter and the Immune System - a serious approach** with Lee S. Berk, DrPH and Stanley Tan, M.D. Interview by Barry Bittman, M.D. For the first time ever, enjoy an exclusive, in-depth interview with two of the world's leading medical researchers who have studied the psychoneuroimmunology of mirthful laughter. A must for anyone serious about understanding the basis for therapeutic humor in mind and body medicine. Audio Tape (45 minutes) Booklet. 28 pages. **TA018LIS Laughter and the Immune System \$18.95**



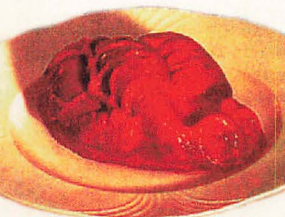
**Urine Specimen Bottle** This genuine glass specimen bottle is the perfect size for juice, wine, salad dressing, even that messy jumble of pens on your desk. Made of crystal-clear glass, the bottle is labeled with easy-to-read measurements inscribed in 1-oz. and 25-cc increments with a maximum capacity of 6 oz. (175 cc). 5" tall. **MS022USB Urine Specimen Bottle. \$3.95**



**Gelatin Brain Mold** Fill the plastic mold and a few hours later, out pops a life-size brain-shaped dessert! Experiment with different colors and flavors - which brain do you find the most delicious? Gross out your dinner guests or just have fun making and eating your "brain!" **MS010BMP Brain Mold \$11.95**

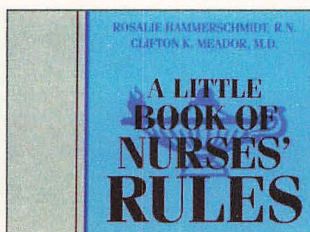


**Gelatin Heart Mold** Have a heart! A cherry gelatin heart, that is. This plastic mold will produce a realistic looking heart that you can eat. Start with the right ventricle, move to the coronary artery and then dig your spoon into the left ventricle for a delicious treat that won't block your arteries. **MS011HMP Heart Mold \$11.95**



Get both Heart and Brain Gelatin Molds at a Special Price. **MS011BHM Gelatin Mold Set \$21.95**

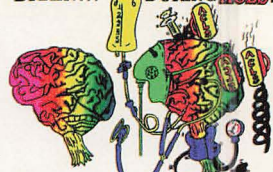
**Little Book of Nurses' Rules** by Rosalie Hammerschmidt, RN and Clifton K. Meador, MD. This book of 347 rules about our practice styles, our patients, our colleagues and ourselves is humorous, entertaining, and thought-provoking. Would make a great stress reliever for any nursing station, lounge or restroom. A wonderful gift for any nurse. **BK026BNR Little Book \$9.95**



**ACLS T-shirt** This is Your Brain...This is Your Brain During ACLS. Whether you're facing your first ACLS mega-code or you just cringe when remembering, you'll enjoy this T that parodies the anti-drug message of the '90s. Printed in a bright kaleidoscope of colors on a white 50/50 T. Available in Large and X-Large. **TS014ACL, \$16.99**

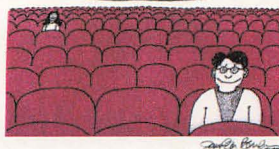
**THIS IS YOUR BRAIN...**

**THIS IS YOUR BRAIN DURING ACLS.**

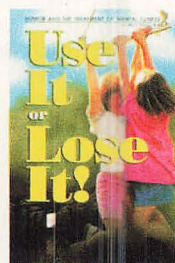


**ANY QUESTIONS?**

**Adult Children of Normal Parents Annual Convention T-Shirt** by Jennifer Berman. Are there any of us out there! This Pre-Shrunk 99% Cotton t-shirt comes in white. Available in large and x-large. **TS005WHT Adult Children T-shirt \$16.00**



**Use it or Lose it! Humor and the Treatment of Mental Illness** by Mark Darby, RN will show you how to: easily integrate humor into various mental health settings; build a park at work; discover practical hints on using humor in treatment; assess a patient's ability to experience humor; teach the benefits of humor to coworkers. Paperback, 127 pp. **BK035UIL Use it or Lose it! \$14.95**



**I Always Faint When I See a Syringe**, by Florence Hardesty, RN, PhD. This delightful book is written honestly and straight from the heart by a retired nursing professor. Through the eyes of a teacher and the experiences of her students, Dr. Hardesty tells humorous and inspiring stories. Laugh with her and enjoy the joy and spirit of nursing. **BK020SYR I Always Faint \$14.95.**



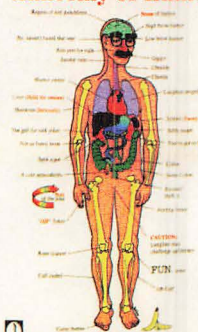
**Health & Humor through Harmony** by the "NurSING Notes", with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". Cassette tape. **TA003HHH Health & Humor Through Harmony \$10.00**



**EKG Mug** features the most unusual looking rhythm strips that will be sure to make you chuckle. Includes "Sinus Arrest", "Ventricular Standstill" and "Urban Block". This ceramic mug comes boxed for easy gift giving. **MG001HBM Heartbeat Mug \$7.50**

**Anatomy of Humor T-Shirt** A unique, humorous, clever (and clean) twist on human anatomy. Guaranteed to bring out loads of laughter from anyone. The front of this pre-shrunk, 100% cotton T shows the funny anatomical chart, while the back sports the text, "My Anatomy is a Joke." Color: natural. Sizes: L and XL. **TS018NAT Anatomy T-Shirt \$16.95**

#### Anatomy of Humor

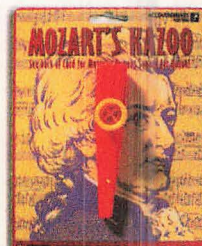


**It's...A Parent! Songs for the Lighter Side of Pregnancy** is a lighthearted musical journey through the ups and downs of pregnancy, childbirth and new parenthood. This CD/cassette features classic melodies, hysterical lyrics and the vocal talents of Rebecca Kupka and Randy Bobish, stars of recent national Broadway

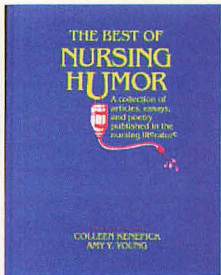


tours. With 19 songs on topics such as maternity clothes, baby names and sleep deprivation, this unique recording is a fabulous gift for all new moms and dads. **TA021PCD It's...A Parent! CD, \$12.95, TA021IPC It's...A Parent! Cassette \$8.95**

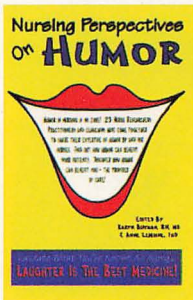
**Mozart's Kazoo** Sound like the master himself. This 3 1/4" long hard plastic kazoo is just like the one Mozart played! **MS043MK Mozart's Kazoo \$1.99**



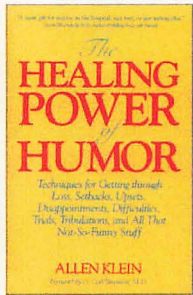




**The Best of Nursing Humor** - A collection of articles, essays, and poetry published in the nursing literature, compiled and edited by Colleen Kenefick and Amy Y. Young. This 167 page book contains scores of humorous writings about, by and for nurses punctuated by black and white illustrations. Hard cover. BK027BNH Best of Nursing \$27.00



**Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. BK015NPH Nursing Perspective \$24.95



**Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. BK006HPH Healing Power of Humor \$9.95

**ANY KEY and PANIC** computer keys. Personalize your computer keyboard with

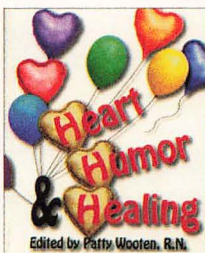


these fun, self-sticking keys. Free with orders of \$50 or more! MS001KEY Panic/Any Key \$3.00



**Compassionate Laughter: Jest for Your Health** by Patty Wooten, RN. This delightful book explores the relationship between the emotions and the body, presenting evidence that laughter does indeed help keep us healthy and facilitates recovery from illness! It is peppered with hilarious anecdotes and conversations with Patty's clown characters, Nancy Nurse and Nurse Kindheart. BK018COM Compassionate Laughter \$12.95

**Heart, Humor & Healing** edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. "The book is good for more than your heart...It will help heal your life and body." Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. BK004HHH Heart, Humor & Healing \$9.95

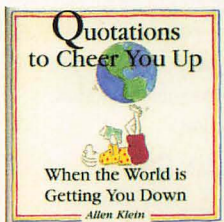


**The Perils of Nancy Nurse** Video. Bedecked with a bedpan, irrigation equipment and other gear for nursing combat, Nancy Nurse (a.k.a. Patty Wooten, RN) delights audiences with her comic antics and hilarious stories. Filmed live at the JNJ conference at the Disneyland Hotel. Run Time: 45 minutes. TA008NAN Nancy Nurse \$29.95

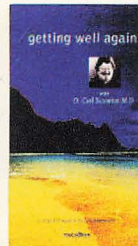
**Laugh Jest for the Health of it** with Patty Wooten, RN. This exclusive program by one of the best know Nurse humorists in the world, Patty Wooten, brings to life laughter's incredible role in health care.



Through an unforgettable zany dialog, Patty and her two clown characters, Nancy Nurse and Nurse Kindheart, are certain to brighten your days and lift your spirits. Jest what the doctor ordered. Video 36 minutes. TA017JEST Laugh Video \$24.95

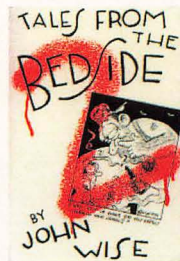
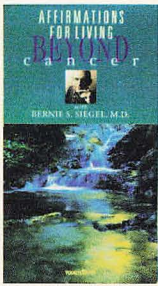


**Quotations to Cheer You Up When the World is Getting You Down** by Allen Klein will lift your spirits and tickle your fancy with classic quotations from the sublime to the ridiculous. This handy desk-reference offers over 750 witty quotations and is a great resource for writers, speakers and anyone who likes to have a perfect line on hand. Hard Cover. BK021QCU Quotations to Cheer \$9.95



**Affirmations for Getting Well Again** with O. Carl Simonton, M.D. Through nature's example of harmony and balance, you are about to embark upon a soul-illuminating journey for rediscovering wellness, happiness and inner peace. Your guideposts are a series of inspirational visual affirmations overlaid upon a wondrous canvas of natural scenery and complemented by a deeply moving soundtrack designed to resonate with your soul. 38 minute Video. TA015GWA Getting Well Again \$24.95

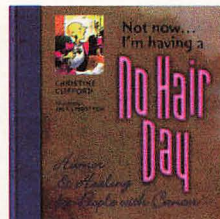
**Affirmations for Living Beyond Cancer** with Bernie S. Siegel, M.D. An inspirational journey of hope, love and inner peace for those who must come to terms with the unexpected challenges associated with a diagnosis of Cancer. A sensitive and creative blend of natural scenery, music and suggestions that gently guides you through a healing journey and the achievement of wellness. 30 minutes Video. TA016LBC Living Beyond Cancer \$24.95



**Tales From The Bedside 2: "Over The Counter"** by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! BK001TFB Tales From Bedside 2 \$10.95

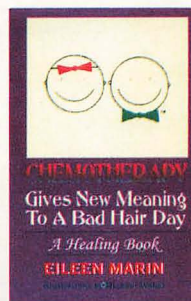
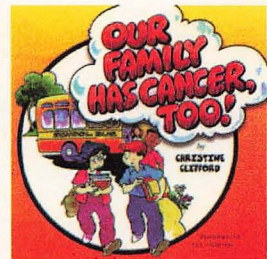
**John Wise Ceramic Mug.** This white 11 oz. mug has one of John's most popular cartoons on the side "If you think you're getting overtime for this you're crazy." Perfect for your favorite beverage. MG015JWM Crazy Mug \$7.00

**The Nursing Process T-Shirt.** Another John Wise Classic on a white 50/50 t-shirt. This one speaks for itself. Sizes L, XL or XXL. TS015WHI Nursing Process T \$15.00



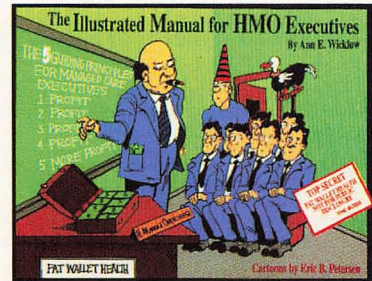
**Not Now...I'm Having a No Hair Day: Humor and Healing for People with Cancer** by Christine Clifford. This book is one-of-a-kind, the first to approach cancer with a lighthearted touch. Christine Clifford's own and story and the book's positive, life-affirming message encourage cancer patients and loved ones not to let the disease keep them down. BK031NNH Not Now \$9.95

**Our Family Has Cancer, Too!** By Christine Clifford. When someone in your family gets cancer, find a way to go on living, laughing, playing and enjoying life to its fullest. BK036FCT Our Family \$6.95 each



**Chemotherapy Gives New Meaning to a Bad Hair Day** by Eileen Marin is a book that balances the emotional issues of a cancer diagnosis with humor. The author is a three time cancer survivor. The first section includes the author's story, food for thought messages and illustrations of the trials and tribulations of daily life. It takes the reader from diagnosis to after care in words and cartoons. BK028CGN Bad Hair Day \$11.50

**Illustrated Manual for HMO Executives** Fed up with managed care? This book is for you! Anonymously written by a physician who was recently placed in the FBI's witness protection program. Through cartoon parodies, it provides a scathing and hilarious look at corporate medicine today. BK021HMO HMO Exec \$12.95



**Hopping Eyeball** This plastic eyeball is 2" tall, wears a pair of sneakers, and when you wind it up it hops up and down. On a blister card. MS028HE Hopping Eyeball \$1.99 each





**RN T-Shirt** This T-Shirt says it all - outlining an RN's many and varied duties! Multicolored design on a pre-shrunk, 99% cotton T in ash with the new Trauma Gear logo on the front. Sizes: L and XL. TS017ASH RN T-Shirt \$16.00

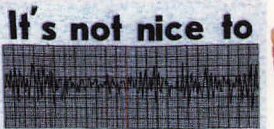
**"Sometimes All You Need Is A Good Paddling To Get You Back In Line"** T-Shirt from Trauma Gear. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Sizes: L and XL. TS002ASH Paddling T-shirt \$16.00



**"Going . . . Going . . . Gone"** T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Sizes: L and XL. TS004ASH Going T-shirt \$16.00



**It's Not Nice to Fib/Don't Be Tachy** T-Shirts Two more T's from Trauma Gear. Both are 99% pre-shrunk cotton in ash and feature the Trauma Gear logo on the front. The designs and their message are printed on the back in black and red. Sizes: L and XL. TS012ASH Fib T-Shirt \$16.00 - TS013ASH Tachy T-Shirt \$16.00

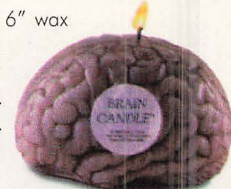


**Multicolor Jester Hat.** Felt with jingle bells. Colorful addition to your humor basket. 5 1/2". One size fits most. MS032MJH Jester Hat \$7.95

**Finger Hooks** You'll want to hang everything on these. We can't resist saying it: they're handy. 3 1/2" long. Four fingers packaged per box. MS042FH Finger Hooks \$2.99



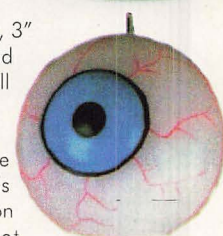
**Brain Candle** Better than a light bulb over your head. 6" wax candle. MS038BC Brain Candle \$5.00



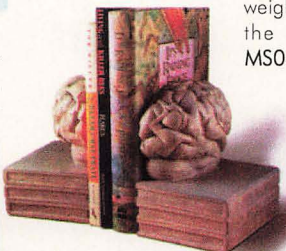
**Heart Candle** Turn on your heart light. 4 3/4" solid wax, startlingly lifelike. MS039HC Heart Candle \$5.99



**Eyeball Candle** Are your eyes burning? They should be! 5.5 oz, 3" wide eyeball features red veins and a raised iris. MS040EC Eyeball Candle \$3.99



**Brain Bookends** It's been said that reading broadens the mind, but never quite like this. Two 5" x 5 3/4" bookends weigh 8.3 lbs. and are protected on the bottom with rubber feet. MS041BB Brain Bookends \$25.00 each pair



**Parking Space Goddess** Divine parking assistance. Adhere this 2 1/2" Windup Parking Space Goddess to your dashboard and your parking problems may be over. Wind her up and she flaps her wings. MS047PSG Parking Goddess \$2.99



**23" Rubber Chicken** Mandatory for any humor basket. Each rubber chicken includes the 16 page booklet "A Nurse's Guide to Therapeutic Uses of a Rubber Chicken" by Fran London, MS, RN. MS004RUB Rubber Chicken & Booklet \$6.95

**Syringe Pens** Injecting a little humor into your life will be much easier with the aid of these hypodermic needle ball-point pens. Each is filled with a harmless red liquid and contains blue ink. Size: 5 1/4" long. 2 pens per set. MS014HMP Syringe Pens \$4.95



ITEM NO	SIZE	QUANTITY	COLOR	DESCRIPTION	PRICE/EACH	TOTAL PRICE
MS006NOS		1		Clown Nose Free with every order		Free

Method of Payment. Check or money order made payable to JOCULARITY CATALOG. We also accept Visa or Mastercard. Sorry, no C.O.D.'s. All orders must be prepaid.

Delivery. We ship all orders promptly or notify you of any delay. Sorry, we are unable to ship outside the United States.

Second Day Air Shipment. To have your order shipped UPS Second Day Air, please add \$6.00 to regular shipping costs.

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Orders up to \$15.99	\$3.50
\$16.00 to \$29.99	\$4.50
\$30.00 to \$49.99	\$6.00
\$50.00 to \$74.99	\$7.50
\$75.00 to \$99.99	\$9.00
\$100.00 to \$149.99	\$10.50
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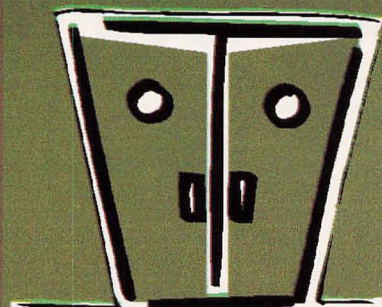
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# WHEN WE GET BEHIND CLOSED DOORS

BY KAREN MCCLOUD, RN



Father Tom came into the classroom, and walked to the blackboard. "We put the Fun in Funerals," he wrote. I heard a few gasps, and many mouths flew open, including mine.

This was my introduction to "Death and Dying," an elective course I signed up for in my pursuit of a Bachelor of Science degree in Nursing. Over the next few months, we studied many aspects of the dying process, sometimes seriously, sometimes irreverently. We learned about grief theories from the experts, and read books on suicide, loss and coping. We went on a field trip to a funeral home. And we did a lot of talking about our own experiences, and how we had learned to cope with death and dying. My eyes were opened. I learned that death is a part of life, and not necessarily something to be feared. It was great preparation for my career in nursing, where we do everything in our power to avoid death, but still have to face it on its own terms, over and over again.

One of the first times I had to deal with death professionally, I was a graduate nurse on a busy Med-Surg unit. One of my coworkers asked me to help her with post-mortem care on her patient who just died. The patient was from a nursing home, with severe contractures of her arms and legs. She was tiny, and it didn't take us long to get the sheet under her body. But when we tried to wrap the sheet around her, it didn't fit! Her knees met her chest because of her contractures, and this made her about five feet wide. We couldn't close the gap in the sheet, and didn't quite know what to do. I stepped back, looked at the sheet, and noticed the excess material at the top and the bottom. I then grabbed the extra, and folded it over her. It covered her completely. We tied the strings, and I commented without thinking, "We just gift-wrapped her!" My coworker started laughing, and I joined in. Maybe it was the nerves and the emotions we were both feeling, but we laughed for several minutes. I pulled back the curtain, and went to leave the room, wiping my eyes. Then I saw the patient in the other bed, and immediately felt ashamed. I apologized to her for my laughter, but she responded, "That's

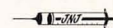


okay, hon, I guess you have to laugh so you won't cry." I agreed with her, whole-heartedly.

Soon after this experience, a young woman in her forties coded on our floor. I called the code while other nurses initiated CPR. A student nurse took the woman's twelve-year-old son out of the room, and sat with him while we worked on his mother. I was confident that she was going to make it. Someone was with her when she coded, and we did everything right. Besides, forty-year-olds with young sons don't just die, right? But she did. I was stunned as I walked out of her room, and another nurse asked me what had happened. As I told her, I started to cry, hard. I ran into the break room, and my coworker followed. As she tried to console me, the patient's doctor came in. He had seen what happened, and put his arm around me as I sat there sobbing. After a few minutes, I moved away and noticed that he had a big mascara stain on the front of his white shirt. I started laughing, and asked him if he wanted me to write a note to his wife, explaining how the makeup got on his shirt. We all had a big laugh, and once again, I found comfort in the laughter.

Not everyone appreciates my sense of humor at times like these. Once, I was taking care of a very sick man with AIDS. He needed a lot of attention and TLC for his frequent incontinent episodes. He died quietly, early on my shift one evening. After his death, caring for his distraught family was emotionally and physically draining, and I was exhausted by the time the night shift came in. The nurse who followed me noticed the empty room, and asked me what time he died. I answered "About quarter to five." She then asked me if his diarrhea ever stopped. I said very matter-of-factly, "Yeah, it did, about quarter to five." She was not amused. Oh well.

This is what happens when nurses go behind closed doors, to do what has to be done. If you're with me at a time like this, we might just laugh. Not out of disrespect for the deceased, but out of respect for you, my coworker. Because sometimes, you need to laugh so you don't cry.





# Doctor Types and How to Deal With Them

by Christine Stephens, RN

Several issues ago, we discussed how doctors, like other varieties of fauna, can be categorized into types. These labels are useful, not just for name-calling, but to assist in individualizing their treatment. Here are some more doctor types and how to deal with them.

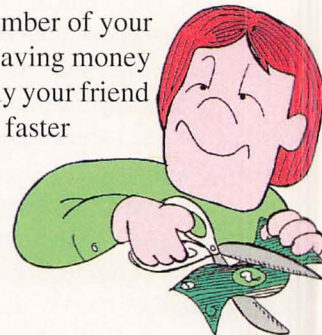
**Dr. Warren T. Forarrest:** Notorious for writing unclear or conflicting orders. Able to change his handwriting at will to avoid being pinned down in a court of law. Denies everything. The notes he charts often contradict what the nurses wrote on the same patient.

**How to handle:** Latch onto this guy. Have him read aloud everything as he writes it, and have at least one witness. Never take verbal orders from him.



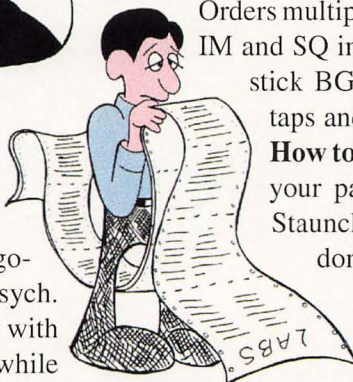
**Dr. B. J. Moneycut:** He is a member of your hospital's Board of Trustees, so saving money is utmost in his mind. He is usually your friend because he can discharge patients faster than the speed of light.

**How to handle:** Protect your patient from being discharged before he is stable. Otherwise, enjoy the ride.



**Dr. Earnest Tostickum:** Is overly fond of lab values. Orders multiple and repeated lab work along with IM and SQ injections, multiple IVs, and fingerstick BGs every hour. Also enjoys spinal taps and bone marrow biopsies.

**How to handle:** You must actively defend your patient from this prickly character. Staunchly remind him that laboratories don't routinely crank out incorrect results, and that a pulse oximeter has replaced arterial punctures, hep locks work great, and most pain meds and antibiotics are available in PO form. Also, tell him a spinal tap isn't indicated for the diagnosis of toenail fungus.



**Dr. Chat:** Is usually a friendly and outgoing person. Often has a degree in psych. Enjoys having extended conversations with the nurses, or keeps the nurses waiting while she chats with the patient.

**How to handle:** Rigidly focus this person on the task at hand before you become trapped in a time-wasting conversation. Don't let this doctor leave the unit without actually writing any orders.



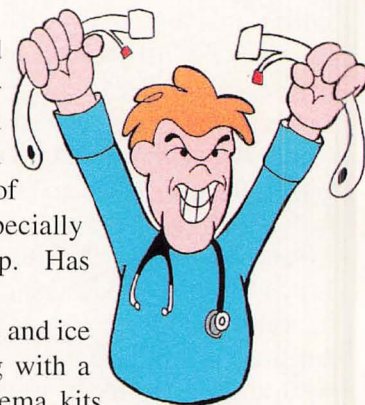
**Dr. Oldendaze:** A well respected and brilliant medical professional . . . thirty years ago. Amiable, but slow. Should have retired long ago, but never got around to it.

**How to handle:** Leave him alone. Know your drams and scruples. Field emergencies to the Chief Resident. Alert the code team to stand by in case this venerable old chap collapses.



**Dr. Desi M. Pactem:** GI and Proctology Specialist. Rejoices in ordering complex bowel preps and enemas until clear. Also fond of tubing of various shapes and sizes, especially if attached to a Salem Sump. Has coffee grounds for breakfast.

**How to handle:** Keep basins and ice water in ready supply, along with a large stock of cathartics, enema kits and, of course, tubing of various shapes and sizes.





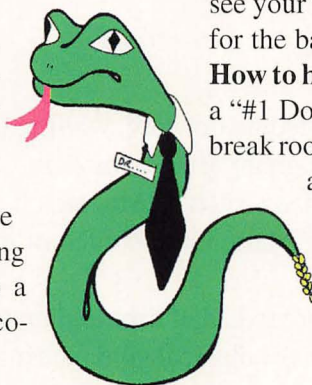


**Dr. Wally Outback:** Got through med school by true grit. Usually an orthopod. Has the endurance of an Iditerod dog sledder. Able to make a patient with multiple pelvic fractures walk in three days. Often spends time-off volunteering with the helicopter rescue team.

**How to handle:** Keep discussions short and to the point. Follow him on rounds only if you're wearing your hiking boots and have a three day supply of trail mix. Remind him to administer anesthetics and pain killers before he resets that compound fracture!

**Dr. Wriggly Weaknees:** Intern, first year. Unpredictable and easily swayed by bullying nurses. Prone to snit fits. Lives in fear of Wally Outback type doctors. However, performs well if given a little support.

**How to handle:** Be careful not to intimidate too much or you'll end up with a quivering pile of Jell-O at your next code. Keep a supply of tissues, pacifiers, coffee and chocolate handy.

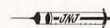


**Dr. S. Notty:** Usually a resident who got tired of being bullied by nurses. Thinks the whole world is out to get him and question his judgment. Needs that chip on his shoulder surgically removed.

**How to handle:** Ignore all behavior unless patient safety is threatened by incorrect orders. Then, get out your boxing gloves and sparring gear!

**Dr. Fairly-Goode:** Has the potential to be an excellent, caring and brilliant doctor. Knows his or her stuff, but is open to suggestions from nurses. Loves to see your wedding photos, and will buy a gift for the baby shower.

**How to handle:** Cultivate this person. Buy a "#1 Doc" coffee mug and keep it in your break room. Invite him or her to happy hour at the local pub. Do not worship too overtly or you will create an over-inflated ego. Include this doctor in your staff antics and offer a peek at the latest JNJ.



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# Appropriate

## Music

by March Worn, RN, CNOR



In spite of, or perhaps because of, managed health care, waiting times in doctors' offices have increased. In an effort to keep waiting patients pacified, many offices have installed speakers in their waiting rooms to pipe in recorded music. Piped-in music services, such as Muzak, charge fairly high fees. In response, many offices supply their own music programming. Often, the choice of music is not made rationally, but simply reflects the physicians' preferences.

Music service companies often spend a great deal of time and money to match the music with their clients' customers. An office that relies on a physician for musical guidance may miss out on some of the psychological benefits of piped-in music. In an effort to support cost-cutting efforts, here is a short guide to help you select music appropriate to your patients.

- Cardiology: "Heart Like a Stone," "Heartache"
- Cardiac Surgery: "Deep in the Heart of Texas," "Take Another Little Piece of My Heart," "I Left My Heart in San Francisco"
- Chiropractor: "Twist and Shout," "Bend Me, Shape Me"
- Dermatology: "Poison Ivy," "I've Got You Under My Skin"
- Gastroenterology: "Something's Burning"
- General Surgery: "Mack the Knife," "The First Cut is the Deepest"
- Geriatrics: "Silver Threads Among the Gold," "I Remember It Well," "When I'm Sixty Four," "Memories"
- Ophthalmology: "I Can See Clearly Now," "Blue Eyes Cryin' in the Rain," "Smoke Gets in Your Eyes"
- Orthopedics: "Bone Breaker," "Bad to the Bone," "Dance of the Skeletons"
- Pediatrics: "Thank Heaven For Little Girls," "You Must Have Been a Beautiful Baby"
- Podiatry: "Walking on Broken Glass," "These Boots Were Made For Walking"
- Proctology: "Ring of Fire," "I Want to Hold Your Hand"
- Psychology: "Crazy for Loving You," "Help!," "I Feel Fine"
- Pulmonology: "Breathless," "All I Need Is The Air That I Breathe"
- Sex Therapy: "Come Together," "Love Potion #9," "All You Need is Love"
- Urology: "Shaft," "Great Balls of Fire"



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The Florence Project began in August, 1997 as a number of anecdotal concerns expressed on NURSENET, an email list for nurses. Florence Nightingale is the the original nurse activist for whom our project is named. Since its inception in August, our project has mushroomed into a uniting of nurses who share a common goal. We are a grass-roots organization—nurses from across the United States who, by combining our talents, education, energy and respect for our patients and our profession, have charged ourselves with improving the state of health care and halting the erosion of the professional status of nurses.

### Our Mission

As nurses, we are committed to the provision of high quality health care to all people, unrestricted by profit motives, personal attributes or the nature of any illness.

### Our Vision

We are nurses who believe that health care should not be motivated by economic gain. We believe that access to health care is necessary for the

health of each person, community and nation. We will go to individuals, neighborhoods, civic organizations, healthcare providers and all media with this message:

An equal-access and high quality health care system is a human right, not a privilege. The quality of life made possible through competent and consistent health care delivery must be within reach of all people.

### Our Goal

Our goal is to effect legislative and institutional policy change by acting to increase public awareness of issues that currently compromise the delivery of consistent, competent health care.



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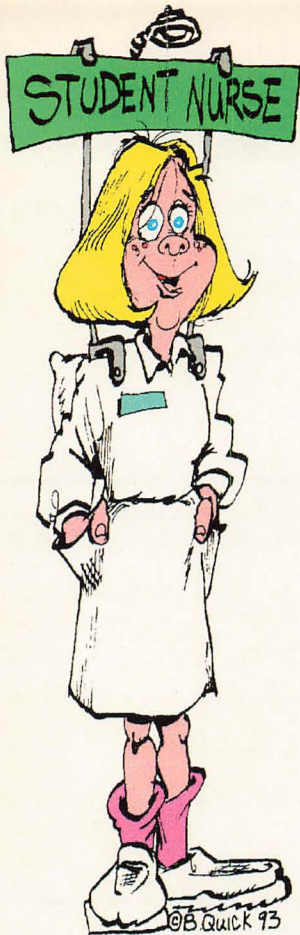
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### Heaven or Hell?

My very first patient was described to me as a fifty-five year old female, in for severe low back pain, receiving IM pain meds, and needing instruction to understand her restrictions. I was also told the patient was very demanding and could be quite rude at times, so I was more than a little anxious as I approached her room.

When I explained I would help her bathe and get ready for breakfast, she suggested I do whatever skills I needed to learn. Assuming she had a student before, I proceeded with her morning care. She asked if I needed to have shampoo and nail trimming skills checked off. I did, so I helped her with these tasks. Then she asked if I needed contact lens care checked off, and I helped her with her lenses.

Next, she said she needed her pain injection. I found my instructor, prepared the medication, and we went to her room. When we rolled her on her side, we were surprised to see a

# Student Nurse Cut-Ups!

red X and the words, "Students use this spot" on her skin. After completing the injection, the patient told my instructor to sign me off on all morning care skills and injection skills. Then she told us she was a retired Dean from a local college department of nursing.

*Kelly Winters*

### And Mountains of S - - -

To emphasize the importance of documentation, I ask students to write their findings for me to check before they enter them on the medical record. One student I was supervising admitted a patient. The student showed me her notes which indicated, "Patient states he has piles."

I asked the student if she knew the proper medical terminology for the patient's condition. When she responded, "hemorrhoids," I told her she was correct and could document on the record.

Later in the day I reviewed the records and noted that student documented, "Patient states he has piles of hemorrhoids."

*Barbara M. Dorman, RN*

### Ambulatory Care?

One of my professors delivered a passionate lecture about dying with dignity and preparing the body for family viewing. During part of the lecture she addressed proper procedure if the patient coded while family or friends were visiting. She told us

to escort the family to the waiting area and try to make them as comfortable as possible. Then she discussed patients in double occupancy rooms. She said, in this situation, the bed should be moved to the hall during the code.

I asked her to repeat her last statement. I must have looked confused because the student next to me said, "K.D., you move the roommate into the hall, not the patient who's coding."

*K.D. Smith*

### Possibly a Good Idea

When I was a student in practical nursing school, I was assigned to care for a gentleman in the ICU. I had to give him a complete bed bath and it was my first time washing a man. As I finished washing and drying his upper body, my nervousness must have become very apparent. He looked at me, smiled, and said, "Why don't you wash as far down as possible, then wash as far up as possible, and then I'll wash possible?"

*Deborah Bower-Mays, LPN*

*Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocular-ity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.*



# You've Been Waiting Too Long When . . .

by Heidi Bakerman, MscN

Dear Patients,

We know you've been patiently waiting your turn. Please don't ask us how much longer it'll be; we have no clue. But we do know you've been waiting too long when:

You actually enjoy reading the magazines.

Relatives are running over loved ones in the parking lot so they get seen faster.

The other patients are taking breakfast orders.

The guy on Long Term Disability has gone back to work.

Your wife calls and tells you she's had a baby.

You forget your name and miss your turn.

You finish *War and Peace* for the third time.

You phone home and find out you are a grandparent.

You've used up your entire vacation.

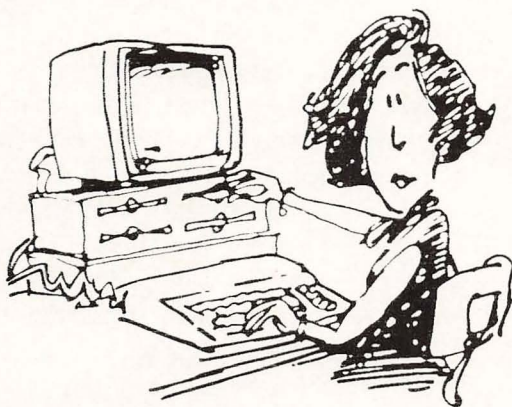
Your fracture's healed.

Everyone in the room now has the same rash you came in with.

The bathroom doesn't seem so dirty anymore.



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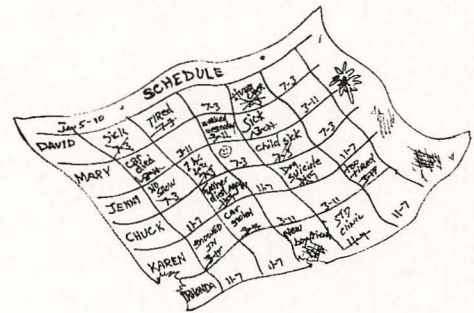
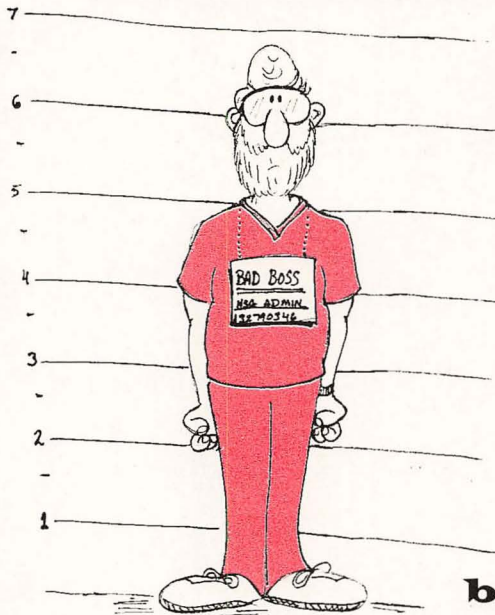
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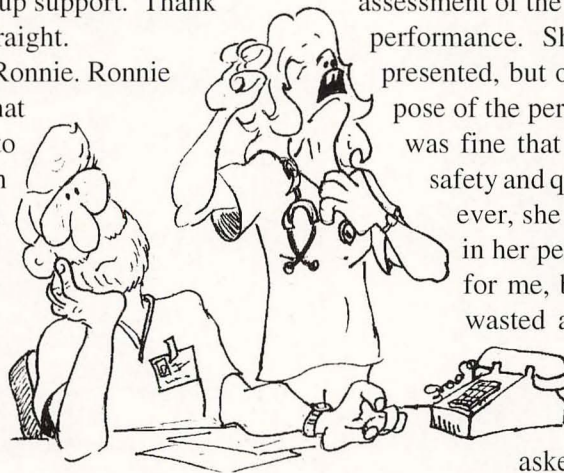
# Who is Suited for This?



by Frederick Overton, ADN, RNC

Whew. It is so draining. Another day as a sadly confused and misguided supervisor. It's just so hard to stay on track. So hard to keep up with these new notions about work, about ethics, about dependability. I'm thirty years old and my ideas are old-fashioned. I'm a dinosaur before reaching middle age. I need a group support. Thank goodness our employees set us straight.

Just the other day, I spoke with Ronnie. Ronnie developed car trouble again. That beast he calls a car caused him to miss forty percent of his shifts in the last thirty days. It's worst on weekends and Monday mornings. The poor lad. Even when he gets to work, that clunker brings him here twenty to thirty minutes late. I don't know how I could be so cruel and insensitive. I suggested that because of his misfortune of not obtaining dependable transportation for the two hundred and fifty dollars that he paid for it, he should sacrifice his job for someone who could arrive regularly and on time. Good thing Ronnie set me straight. Imagine my horror when he informed me that I could not fire him for having a broken car! I tried to explain that I just wanted him to come to work on time. But it was too late, I hurt his feelings. It may not undo the damage, but I felt better when I signed for his extra day off with pay to work on his car.



When I tried to give Phyllis her performance evaluation, she brought to my attention my own inadequacies. I knew how she performed her job. I felt well prepared to evaluate her. But I discovered, once again, I was sadly mistaken. I thought her evaluation was a fair and accurate assessment of the hospital's expectations and her job performance. She did not disagree with the facts I presented, but oriented me to the true, higher purpose of the performance appraisal. She thought it was fine that I brought my concerns of patient safety and quality of care to her attention. However, she did not want that document placed in her personnel file. Phyllis felt very sorry for me, because I focused on the truth and wasted an opportunity to bolster her self-esteem. She offered to let me redo her evaluation. However, I was so disappointed with myself that I asked her to complete it as she saw fit and make her own recommendations concerning wage adjustment.

After Ronnie and Phyllis, I dreaded the thought of once again screwing up in a one-on-one meeting with an employee. As I thumbed through my planning calendar, I was overjoyed to see those two words which were such a source of comfort: "Staff Meeting." I knew soon I would be basking in the collective comfort of my employees. Individually they knew me to be an idiot, but as a whole



they treated me with a wondrous façade of respect.

One topic of discussion was the budget, and the impact of overtime caused by clocking out late upon completion of a shift. I began to glow as the room hummed with the collective chatter of team problem solving. Immediately, the group discovered two reasons for this type of overtime:

1. Dedicated employees, whom I should appreciate more, staying late to complete every detail of the day's work, as well as coordinate plans with coworkers for the impending off-duty time.

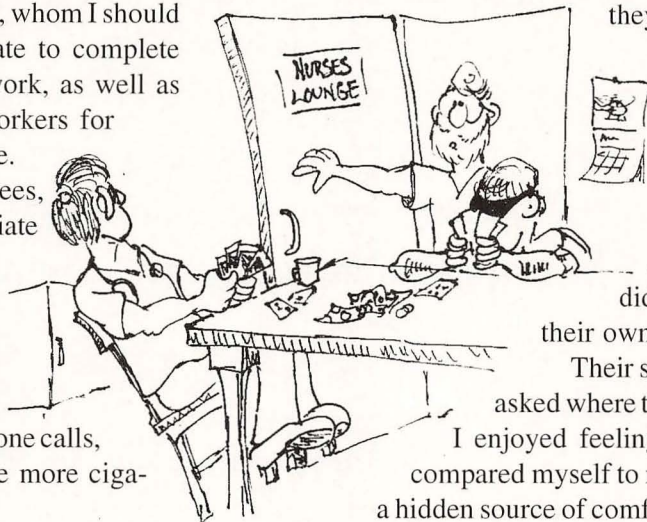
2. Committed employees, whom I should also appreciate more, being there for the next shift until they are one-hundred percent physically, mentally and emotionally prepared for work. "Being there" may involve a few phone calls, the last bit of make-up, one more cigarette, or a small meal.

Foolishly, I asked if these were not things the employees should take care of before or after work. The room erupted around me. Their harsh words and flung objects made it obvious that, once again, I was insensitive to the

needs of my employees. I hung my head as they explained, tirelessly, that I was lucky to have them, that I should stop looking at their little quirks and be more supportive. I was so ashamed that I didn't mention the meeting ran overtime. I'm sure their venting of feelings and attempts to increase my awareness were worth the forty-six hours of overtime they caused.

As I walked out of the building, I noticed the other department heads gathering in the Administrator's office. They looked just as I felt: haggard, frustrated, bewildered and ashamed. They struggled just as I did, trying to blame their staff for their own shortcomings.

Their stories were similar to mine, and all asked where they had gone wrong. As I listened, I enjoyed feeling very much part of a group. I compared myself to my peers. I had a revelation. I had a hidden source of comfort and reassurance nobody else in that room had. I came up through the ranks of nursing. They had degrees in management, and were no more successful than I was.



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# Pre-JCAHO Assessment Exam

## Operating Room H.E.L.P. Manual

by March Warn, RN, CNOR

In an effort to help you prepare for your pending JCAHO inspection, the following test will assess your knowledge of hospital policies and procedures related to emergency situations. The answers to the following questions are in the H.E.L.P. manual at your unit's control desk.

**1) What does H.E.L.P. stand for?**

- a. Hospital Emergency Life Plan
- b. Help Extremely Little People
- c. Harassment by Educated Lay Personnel

**2) Why do we have a H.E.L.P. manual?**

- a. To integrate the hospital into the community's overall disaster plan.
- b. To give hospital administrators something to do.
- c. To kill more trees.

**3) When patients are being triaged for care during an emergency, 3 x 5 cards will be used to designate each patient's status. Which of the following correctly corresponds to the triage colors?**

- a. Red: life-threatening injuries; go to surgery now. Yellow: patient may go to surgery, injuries need treatment when space is available. Green: patient's injuries are minor, may be sent home.
- b. Brown: triage officer is red/green color blind.
- c. Black: patient has no insurance, send to other treatment center immediately.

**4) The operating room and PAR area's external disaster plan calls for:**

- a. All personnel to report to the OR and PAR STAT.
- b. Ordering large quantities of pizza and other nutrients to sustain the troops.
- c. Everyone to call in sick.

**5) If a bomb threat is received, the proper course of action is to:**

- a. Remain calm and write down any information available, then contact the local police and give them the information.
- b. Personally alert all patients and visitors by running through the halls yelling, "It's a bomb and it's going to blow!"
- c. Run like hell!

**6) If a bomb or object suspected to be a bomb is found, which of the following actions *must* be taken?**

- a. Do not touch the bomb. Notify Security and close the door to the room that contains the object, if possible.
- b. Send the Chief of Pathology into the room to determine if the object really is a bomb.
- c. Throw something heavy at the object to see if it will explode.

**7) If there is sniper fire at the hospital, you should:**

- a. Remain calm and notify Security.
- b. Overhead page all NRA members to bring their personal arsenals to the Emergency Department.
- c. Locate yourself behind someone larger than you are.



**8) In case of mass food poisoning:**

- a. Isolate the suspected foods and notify the Public Health Department.
- b. Allow visitors to cut in front of you in the cafeteria line.
- c. Take all suspected food items to the Doctors' Lounge and arrange them attractively on a tray.

**9) If a fire is discovered, the actions indicated by the mnemonic R.A.C.E. should be initiated.**

**R.A.C.E. stands for:**

- a. **R**escue the person from immediate danger, sound **A**larm, **C**onfine the fire, **E**xtinguish the fire if possible.
- b. **R**un like hell, **A**ct stupid, **C**all the local news media to qualify for their newshound bonus, **E**xit the OR.
- c. Who cares? The place is on fire!

**10) In case of a fire in the operating room, you should:**

- a. Shut off the oxygen supply to the room involved.
- b. Take down the "Scrub Attire Required Beyond This Door" signs before fire department arrives.
- c. Call the front desk and ask for immediate lunch relief.

**11) When an emergency water rationing plan goes into effect, it indicates that:**

- a. All non-essential water usage should be discontinued.
- b. You need to requisition Perrier from the cafeteria for the cysto room.
- c. All showers and Jacuzzi baths should be taken at the hospital, since it will be impossible to do so at home.

**Scoring:**

Give yourself one point for each "a" answer, five points for each "b" answer and ten points for each "c" answer. Total all your points and consult the following table to determine your readiness for a JCAHO inspection of your OR.

**Raw Score:**

**1 - 11**

You are either the director of the hospital's Safety Department or you have absolutely nothing better to do on your shift than read manuals. Both possibilities are frightening.

**12 - 55**

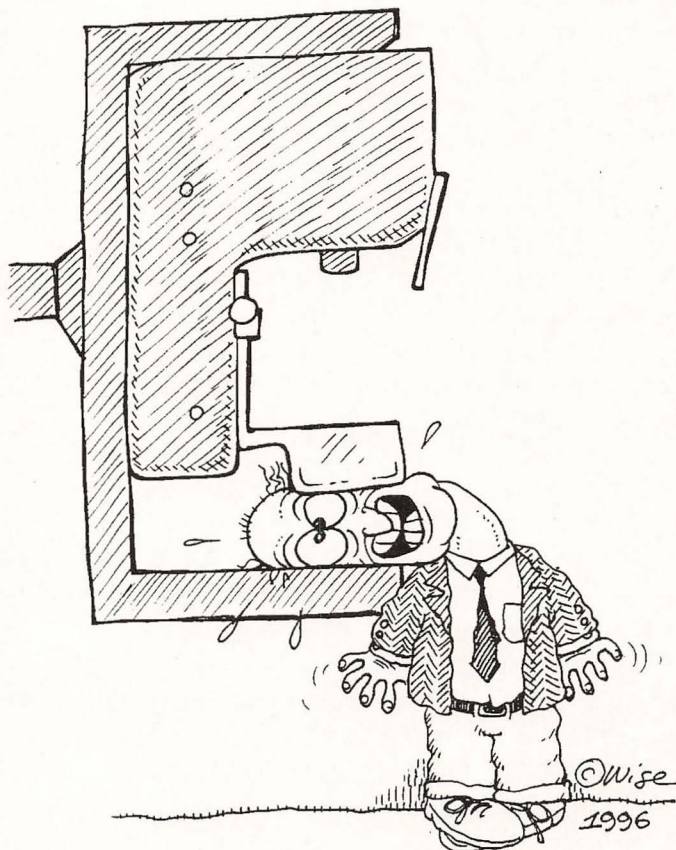
You are reasonably well prepared to meet with the JCAHO inspectors. Chill out and have a beer.

**56 -100**

You are unclear on several concepts relating to hospital-wide safety policies and procedures. Better take a glance at the manuals some time soon.

**101 - 110**

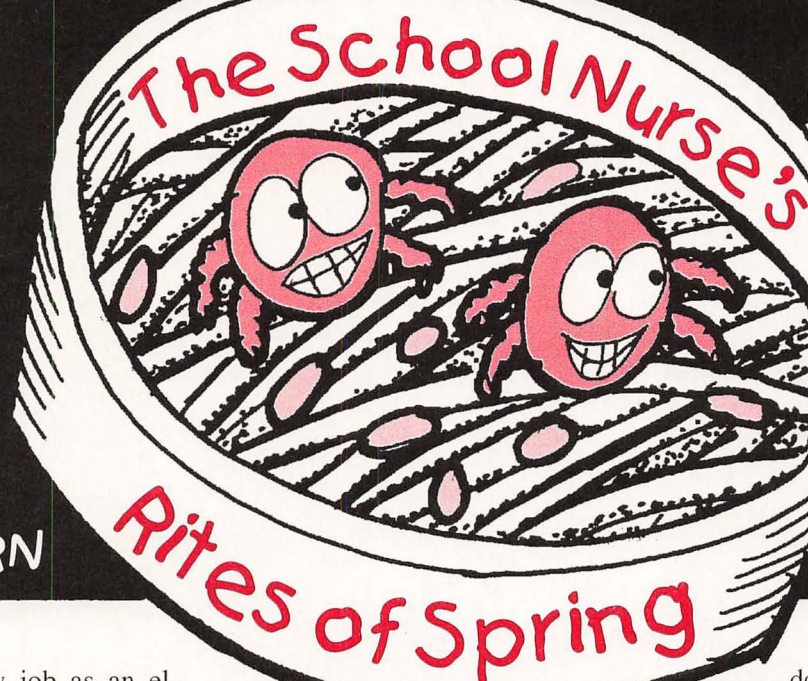
Do you really work at the hospital, or did you slip out of your restraints and walk away undetected? You don't, by any chance, have a collection of pathology specimens in your refrigerator, do you?



MANOGRAM



by Eileen  
Valinoti, RN



I loved my job as an elementary school nurse. It was rewarding to help children cope with aches and pains, and treat their wounds when they came in crying from the playground. But one thing periodically turned my ordered life upside down. Nothing wreaked havoc in our quiet community like those tiny insects, nesting so peacefully in children's hair. Every year the school was invaded by head lice.

Every fall, I received a letter from a drug company that manufactures lice shampoo. "Dear Nurse," they cheerily wrote, "As you say hello to another school year, don't forget that when spring arrives, it will be head lice season again. That's why we're sending you the enclosed magnifying glass to use in future lice inspections. Plus, if you call our 1-800 number now, you'll get a free education kit just in time for when you need it most." How kind of the company to think of me. And they were right as rain. For just as the daffodils appeared, the first distraught mother would call.

Her voice would be weary. She worked all evening and far into the night shampooing and fine combing the wriggling child's hair, washing the bed linens, blankets, towels and stuffed animals, vacuuming carpets and upholstery in the house and in the car, soaking and sterilizing combs and brushes, sometimes even scrubbing the family

dog. Please, she would say, with a note of hysteria in her voice, check the other children in the classroom. And, by the way, she would ask, how did my child get this? I send her off to school spotless and shining, only to have her return home with a headful of—ugh!—bugs!

My morning would be shattered as I investigate ninety innocent second grade heads. I know I will find several more cases. Lice socialize ferociously. Soon, I am on the phone calling parents at banks where they clerk, law firms where they litigate, hospitals where they tend the sick. They must, I say, come at once to remove their cherished child, who is now a dreaded source of contagion.

The children didn't care. They packed up their books and proudly announced to their classmates, "I have head lice!" As each parent arrived, I explained the problem. "These are the nits," I'd point, professional with my white light illuminating the pale eggshell flecks that are not innocent dandruff. I'd recite the steps to follow to get rid of the lice. "All the nits must be gone before the child can return to school," I'd conclude, citing the school's policy. One awful day I made these ruthless remarks to the unfortunate mother of twins whose thick curly hair cascaded down their backs, almost to their tiny waists.

If I was lucky, the situation cleared up in a couple of weeks. But sometimes the lice dug in their heels and



refused to go. One terrible year a third grade classroom became a mini hot zone. My phone rang off the hook. Mothers raged and sobbed. They demanded the building be sprayed, disinfected, fumigated, razed to the ground if need be. They threatened to call the health department, the media, the Mayor. One sweet-faced mother told me she would picket the school wearing a sign to warn away the unsuspecting. Paranoia spread. There were whispers that certain mothers were to blame—too busy with their careers to exterminate properly. And the nurse, what was she doing? What kind of nurse permitted this catastrophe?

I did my best. I inspected one and all with the magnifying glass from the kindly drug company. I undid braids and pony tails and looked behind small ears and scrutinized every scalp. I read the research and studied the studies. I counseled the teachers and lectured the children, "Never share hats or bicycle helmets or combs or hair ribbons or headbands or earphones." I called the 1-800 number and passed out the educational kits. I stood guard at the door,

allowing only the nit-free to enter. And in the silence of my heart, I prayed, "Please God, make them all go away."

Mercifully, at long last, they did. The principal breathed a sigh of relief. Once again he could walk freely in the halls, no longer hiding from the PTA. I welcomed chicken

pox and hives, cuts and scrapes, broken bones, prickly heat, asthma attacks and ear infections. All simple and solvable.

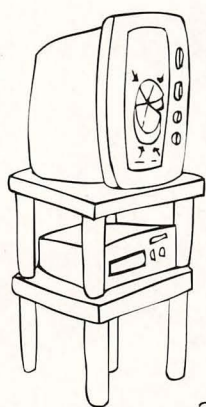
I'm retired now and I miss the children. I miss cleaning their cuts and drying their tears. But I spoke to a colleague the other day. The lice are on the march again. To deal with public outcry, the superintendent will meet with the school nurses. They will review, investigate and discuss policies and procedures. They will draw up a carefully worded report. Perhaps they will form a committee.

In the meantime, the pharmaceutical firm is rejoicing. Sales are brisk. But I do not miss their slick advertisements with close-up color photographs, their cheery letters, their magnifying glasses, nor their head lice hot lines. And most of all, I do not miss those odious, clever, ubiquitous head lice.



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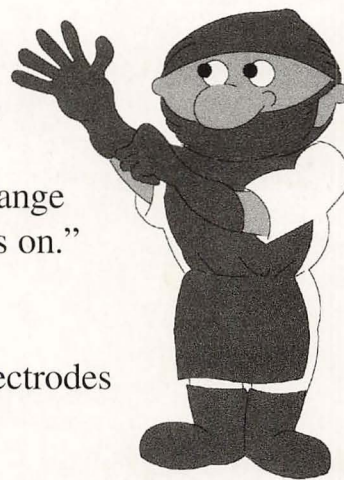
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# Ten Reasons to Become an OR Nurse

by Michael Roth, BS, RN, CNOR

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2. You want to burn calories by standing in lead aprons for sixteen hours.
3. You enjoy explaining to your minister or spouse why some strange person says, "I almost didn't recognize you with your clothes on."
4. You love the feel of latex.
5. You enjoy having strange people tie you up.
6. You enjoy betting how high the patient will jump when cold electrodes are applied.
7. You want to know where not to get a tattoo.
8. You enjoy cadaver dissections.
9. You can't wear white anymore.
10. Your second language is mumble.



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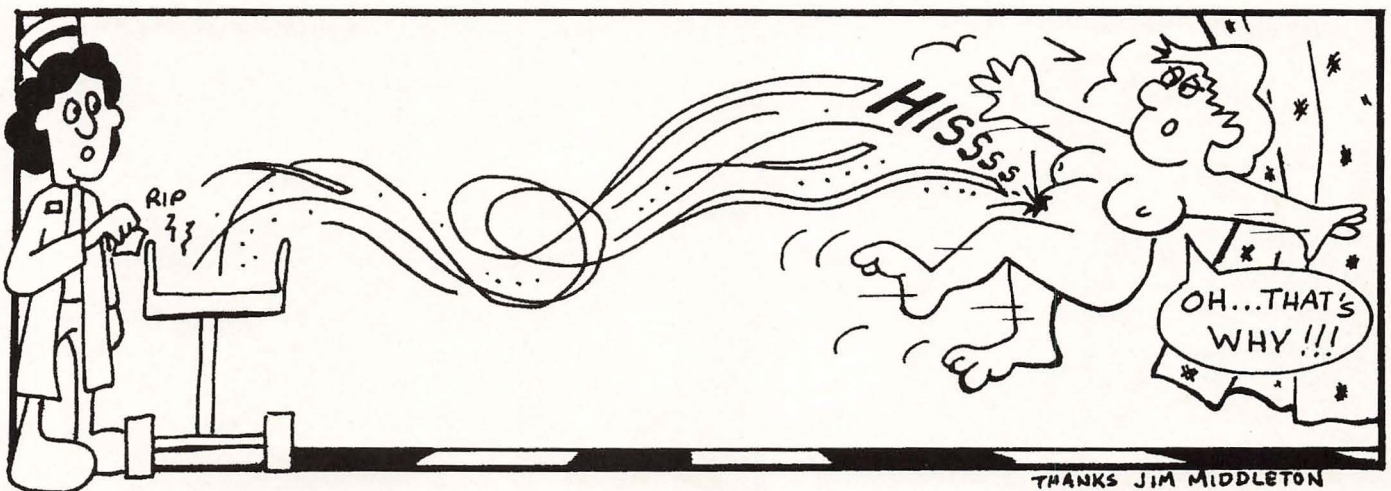
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**P.N.S.**  
THE  
P.M. SUPERVISOR  
By C.J. MILLER



...AND THIS LAST ONE,  
I DON'T KNOW WHAT  
IT IS FOR, BUT AFTER  
MY LAST SURGERY  
THEY TOLD ME  
NEVER TO REMOVE IT.



... I HAVE ALWAYS  
WONDERED WHY...



THANKS JIM MIDDLETON



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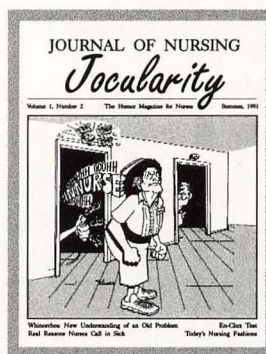
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### **The HMO Lullabye**

(to the tune of "Hush Little Baby")

by Brenda W. Quinn

Hush little baby, don't cry at all,  
Mama's gonna give the doctor a call.

If your cough makes Mama real nervous,  
Mama's gonna call up the answering service.

If your doc's not in 'til fall,  
Mama's gonna talk to the one on call.

If the doc on call don't care,  
Mama's gonna offer to take you there.

If your cough and cold get worse,  
Mama's gonna talk to the triage nurse.

If the triage nurse says no,  
Mama's gonna call up the HMO.

If she does get through at all,  
Mama's gonna hang on 'till next fall.

(They think if Mama's kept on hold  
You'll get over your cough and cold).

After the HMO says okay,  
We're gonna go to the ER today.

After Mama gets you through the door,  
They'll ask why we didn't come before.

Hush little baby, don't you weep,  
Getting to the doctor's like pulling teeth.

After the managed care run-around,  
Mama's gonna have her a real breakdown.

### **The ICU New Hire Song**

(to the tune of the "Scooby Doo" theme song)

by Sandie Molloy, RN, MSN

Hey, New Hire, where are you?  
We got an admit to do now.  
Hey, New Hire, where are you?  
We need some help from you now.

Come on New Hire, I see you...  
Pretending to care for that liver.  
But you're not fooling me,  
'Cause I can see,  
The way you shake and shiver.

You know we got a full ICU,  
so New Hire be ready for your act -  
Don't hold back!  
And New Hire if you can muddle through,  
We'll actually cut you some slack!  
That's a fact!

Hey, New Hire, let's go put out the fire.  
And go have some ICU fun!  
I hope that we can count on you, New Hire,  
'Cause the work is never done.

### **Whaddya Mean, You're Not Covered?**

(to the tune of "Take Me Out to the Ball Game")

By Jane Schweppe, RN

Let's sign you up with a health plan  
Get you in our HMO  
You'll pick a doctor to treat your ills  
We will even pay for all your pills!  
But don't you end up too sickly  
Or, God forbid, critical  
For in one, two, three days you're out  
of the hospital!



# Alternative Therapy

## Wordfind

Fran London, MS, RN

A	F	F	I	R	M	A	T	I	O	N	S	C	Q	R	P	W	R	A	G
A	R	O	M	A	T	H	E	R	A	P	Y	W	C	H	R	Z	C	C	U
C	H	I	R	O	P	R	A	C	T	I	C	D	O	N	G	U	Y	G	I
P	C	Z	Y	P	A	R	E	H	T	C	I	S	U	M	P	P	H	E	D
H	R	H	Y	H	T	A	P	O	R	U	T	A	N	R	A	A	U	B	E
N	C	A	Y	H	T	A	P	O	E	M	O	H	E	R	S	C	M	O	D
Q	J	U	Y	G	S	P	C	U	R	V	V	S	E	R	U	U	O	K	I
K	S	D	O	E	H	C	P	N	L	U	S	H	N	E	P	P	R	N	M
C	M	R	M	T	R	D	Y	I	S	U	T	S	O	L	P	U	T	O	A
A	H	E	D	T	C	J	I	E	R	Y	Y	U	I	A	L	N	H	I	G
B	T	A	Q	A	F	I	B	E	G	V	W	S	T	X	E	C	E	T	E
D	Y	M	B	E	I	Q	T	R	C	D	G	N	I	A	M	T	R	A	R
E	H	W	D	E	S	U	E	U	M	U	I	A	R	T	E	U	A	Z	Y
E	R	O	Y	W	S	N	I	T	E	A	F	H	T	I	N	R	P	I	J
F	O	R	T	T	E	Z	J	J	Z	P	S	I	U	O	T	E	Y	L	N
O	I	K	A	H	Y	L	U	F	D	B	A	S	N	N	S	D	Y	A	T
I	B	I	E	X	R	Q	A	F	X	X	V	R	A	A	H	L	U	U	D
B	H	R	H	U	G	T	H	E	R	A	P	Y	E	G	G	H	X	S	R
S	B	A	Y	G	O	L	O	X	E	L	F	E	R	H	E	O	D	I	P
S	G	R	Y	P	A	R	E	H	T	R	E	T	A	W	T	T	Y	V	G

Here are 46 words used in Alternative Therapy. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 52.

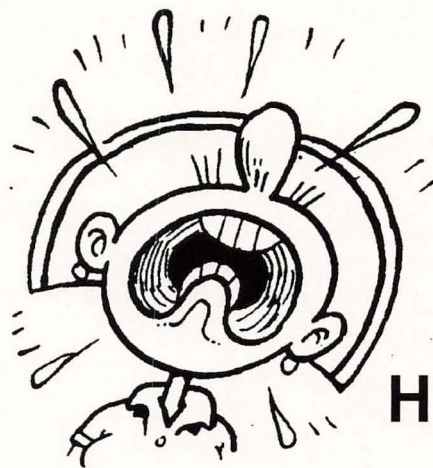
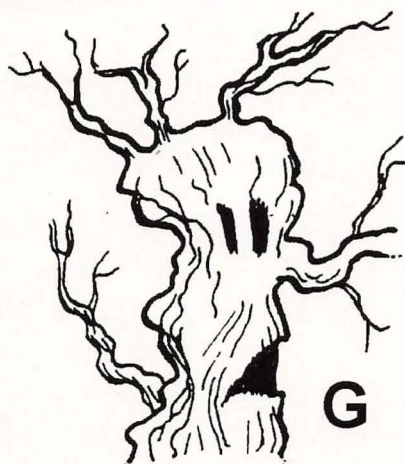
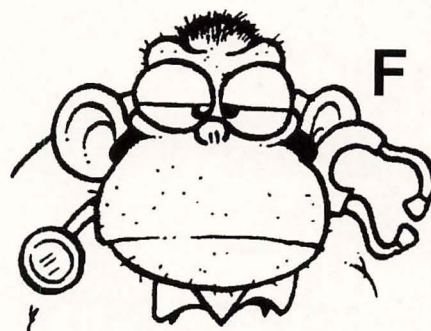
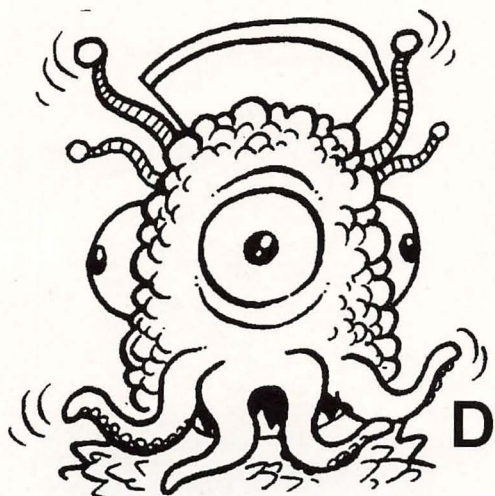
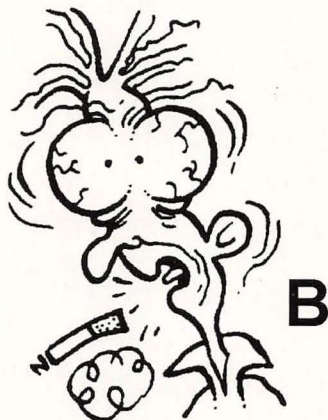
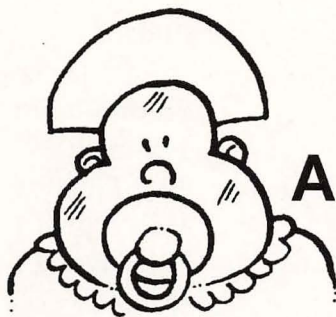
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HUMOR THERAPY  
MASSAGE  
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NATUROPATHY  
NUTRITION

PRAYER  
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YOGA



# NURSE TYPES



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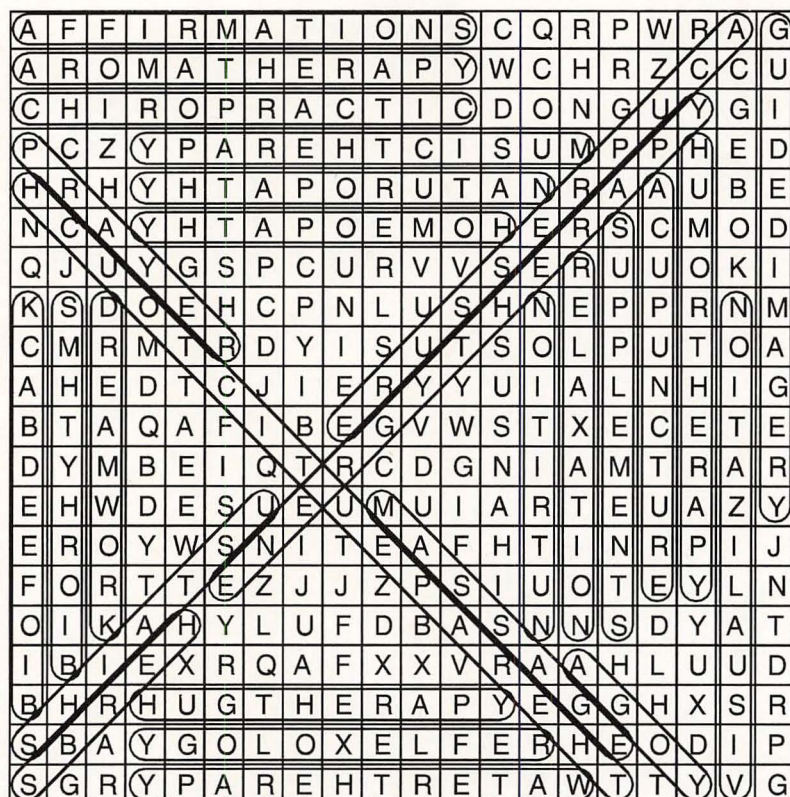
Match the picture above with the Nurse Type it represents from the list below. Solution on page 52.

Male Nurse  
Dead Wood  
Student

Traveler  
Substance Abuse  
Part-Timer

Whiner  
Traditionalist





### Nurse Types Solutions

- A. Student
- B. Substance Abuse
- C. Traditionalist
- D. Traveler
- E. Part-Timer
- F. Male Nurse
- G. Dead Wood
- H. Whiner

## NEXT ISSUE

**Nursing Tattoo Etiquette** by Carol Cramer, RN. Finally, the rules for caring for the patient with a tattoo, as well as etiquette for nurses who have tattoos.

**Changes** by Raymond Bingham, RNC. Changing into hospital scrubs has caught this male nurse more than once with his pants down.

**Lunch Breaking** by March Warn, RN, CNOR. Sometimes, you just gotta eat. How does something so simple turn into such an adventure?

**Everything I Needed to Know About Nursing I Learned From Nurse-ery Rhymes** by Michael Roth, BS, RN, CNOR. Mother Goose was actually a nurse and her nursery rhymes encode esoteric secrets of the profession. Really!

**What If Hospitals Were Run Like Airlines?** by Terrilynn Fox Quillen, RN. We should look outward and learn from our colleagues in other disciplines. After all, the food couldn't get any worse . . .

**Mighty Morphine Power Nurses** by C. Stephens, RN. Wonder Woman, move over. It's time for some new superheroes to save the day.

**You Might Be a Nursing Student If . . .** Susan Letvak, PhD, RN. A comprehensive list of classic signs and symptoms which are relieved by graduation.

**Is Your Mind More on the Mommy Track than the Nurse Track?** by Janey Parker, RN, BSN. There's a thin line between nursing and mothering. Are you skating on the edge?



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What the government isn't telling nurses about AIDS is what the hospital isn't protecting them against.

### DANGER - Hospitals At Work

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### WHY DOESN'T A SMART GIRL LIKE YOU GO TO MEDICAL SCHOOL?

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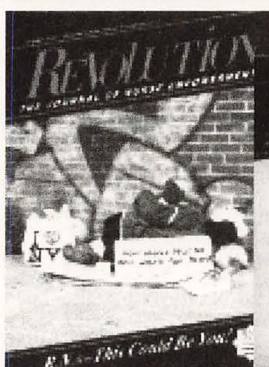
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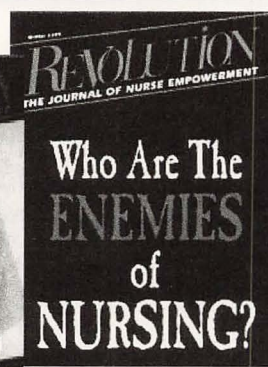
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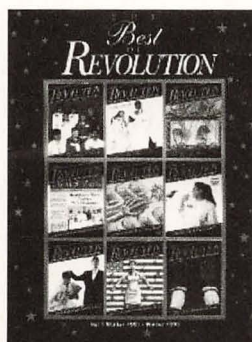
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# HUMOR

by Karyn Buxman, RN, MS

***Molecules of Emotion*** by Candace Pert, PhD (1997, Scribner, hardcover, 338 pages, \$25.00) is an exciting account of the search for the biochemical links between mind and body. The adventure is described in a first person narrative that is understandable even to the nonscientist.

Candace Pert, an internationally renowned scientist (also dubbed the Goddess of Neuroscience), demonstrates through rigorous research and testing why alternative therapies work. In a book that is sure to shake the scientific establishment, she shows that the body's neuropeptides are the key to a network of communication linking the brain to the body in a single system.

Pert first gained notice as a graduate student at Johns Hopkins University for her part in the 1972 discovery of the brain's opiate receptors. Three years later, she joined the prestigious National Institutes of Health and began a life-long study of peptides, the proteins that orchestrate the activities of every cell, organ and system in the body. More than a decade of experimentation on peptides would lead Pert to conclude that:

- The same peptides found in the brain are also found in the immune system, and that the nervous, endocrine and immune systems are interlocked in a

psychoimmunoendocrine network.

- The various organs of these systems—the brain, glands, spleen, bone marrow and lymph nodes—are actually joined to each other in a bi-directional network of communication linked by information carriers known as neuropeptides.
- Neuropeptides and their receptors form the biochemical basis for feeling, and are the “molecules of emotions.”

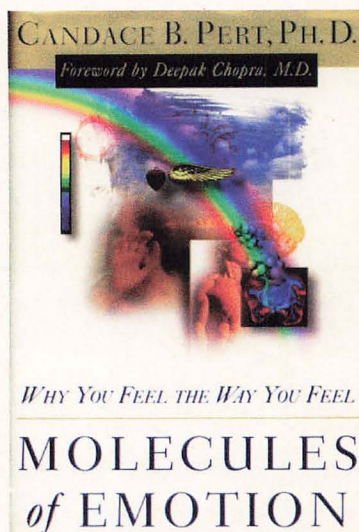
The discovery of the function of neuropeptides is the basis for a new, information-based view of the human body with crucial implications for the prevention and cure of disease. Based upon this view, and spurred on by her father's death from cancer, Pert would go on to make an important discovery in cancer research and seek a peptide-based cure for AIDS. Pert is also involved in ongoing research that could form the basis for the next generation of treatment for AIDS after protease inhibitors.

*Molecules of Emotion* is also a can-

did look at the challenges that women face in the male-dominated world of science, in which, Pert believes, there is too little room for the intuitive side of discovery, and where competition erects barriers for discovering cures for disease. Pert makes the complex science behind her body-mind findings understandable, and offers a new metaphor for the way we live our lives. The book also includes an appendix guide to body-mind resources. *Molecules of*

*Emotion* is a book that will be appreciated and enjoyed by anyone even remotely interested in the field of psychoneuroimmunology. Look for it in your local bookstore or contact the publisher at 212-632-4951. Candace Pert will be a featured speaker on the November Jocularly Cruise.

***The Magic of Humor in Caregiving*** by James Sherman, PhD (1995; Pathway Books; 95 pages; softcover; \$7.95). This is one of the Caregiver Survivor Series (including *Preventing Caregiver Burnout, Creative Caregiving, Positive Caregiver*





Attitudes and others). While this is certainly applicable to those in the health care profession, this book actually targets any caregiver providing special care for seriously ill (young and old) or aging relatives and friends. Some people become caregivers by choice, others by necessity. Some are motivated by love or feelings of altruism. Others are motivated by availability of resources (or lack of) such as money, time, energy, patience.

In many situations, caregiving is a positive experience that brings families together during a difficult time. However, it can also put a strain on resources, disrupt family life, and create emotional chaos. *The Magic of Humor in Caregiving* takes a look at humor for the provider, for the receiver, and shared laughter. Sherman examines some sources of sadness including fear, anger, stress and tension. Through this easy-to-read workbook, Sherman helps people find the humor that exists around them and ways to create humor.

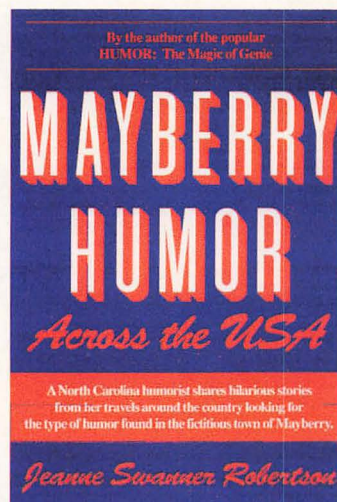
This book would be an excellent resource for home health nurses, hospice nurses, or any health care provider working with the chronically and terminally ill, to share with the primary providers of their patients' care. This would also be helpful to have on hand for patients (and their family members) suffering from chronic and terminal illnesses. To order, contact Pathway Books at 612-377-1521.

Want something fresh and different? Try *Mayberry Humor Across the USA* by Jeanne Robertson (1995; Rich Publishing; 332 pages; hardcover; \$20.00/no shipping and handling charges). Jeanne Robertson, standing tall, (6'2" barefooted, with her hair mashed down) is a renowned humorist, popular author, and highly respected professional speaker who has entertained and inspired audiences across

the USA since 1963. She specializes in kind, clean, down-to-earth humor based on her travels and life's experiences, and I can personally vouch that she is one of the funniest women in America! She is also an ardent fan of *The Andy Griffith Show* (TAGS). In *Mayberry Humor* she combines her experiences as a humorist and her love of Mayberry to present her belief that Mayberry-type humor still exists in today's world.

Don't misunderstand. You don't have to be a TAGS fan to enjoy this book. It is not about the production, history, characters or episodes of the television series. If you are not a TAGS fan (or are too young to remember the series and have

somehow managed to miss the reruns!), you will probably overlook the

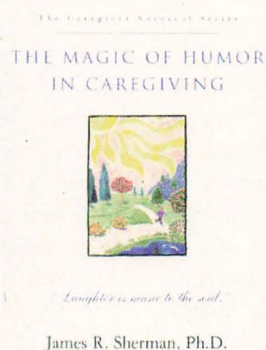


Mayberry references and just enjoy the wholesome humor that comes from everyday experiences. However, if you are a Mayberryholic, it is a book within a book! As Jeanne lays out her evidence of the existence of Mayberry-type humor, she also presents a fun challenge to Mayberry fans. All 249 episodes of TAGS are entwined in these pages in some man-

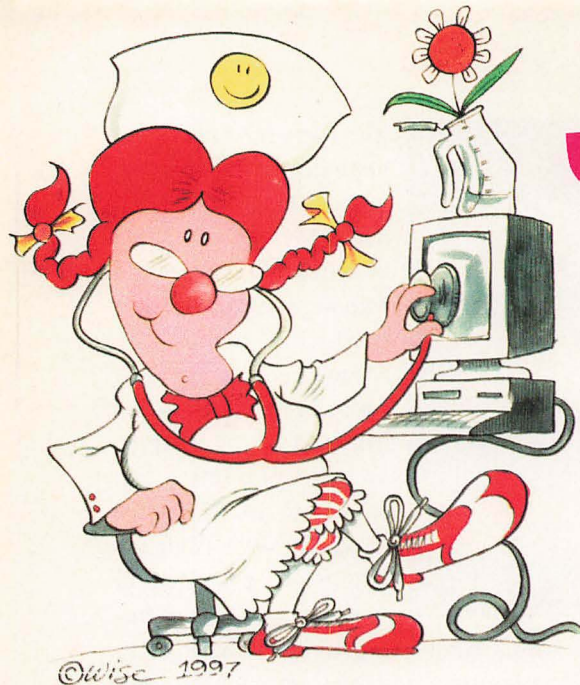
ner. Many readers will coast along enjoying the stories oblivious to any Mayberry comparisons, while trivia buffs will enjoy the thrill of the hunt to find at least one in every story.

This book is a real treat for all generations. For any of you that are building humor resources (libraries, baskets or rooms) I would highly recommend this as an addition to your collection. Just make sure that you get a copy for yourself, as well. If you would like to order an autographed copy call 1-800-962-6268.

Until next time, I remain yours in laughter!







# Jest for the Health of It!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

## An Interview with John McPherson

*I was delighted to learn that one of my favorite cartoonists, John McPherson, had just published a book of health care cartoons titled, *The Get Well Book*. Many of you may be more familiar with John's popular "Close to Home" cartoon series which is syndicated and published in more than 700 newspapers throughout the US and in 30 countries around the world. I was eager to interview him to find out how he comes up with such funny situations that leave me roaring with laughter.*

**PW:** John, tell us how you came up with the idea to do a book of exclusively medical cartoons.

**JM:** Actually, it was a friend of mine who was battling cancer. He enjoyed my

cartoons about home and family life, but wanted something that would help him laugh about his situation. This book has been a quest for the last five years.

*Was it hard to create cartoons about hospitals and sick people?*

Well, yes and no. Yes, because I think there is a fine line between helping people laugh about their situation and offending them by making light of their suffering. Each of my cartoons is scrutinized by my editor who also reviews the work of several other cartoonists. We discuss each one; if we disagree on whether the cartoon is more offensive than funny, I take it to several other people for their opinions or redo it, if necessary, before I send it in for publication. Actually, drawing cartoons about health care is not too difficult for me because I believe that a stressful predicament creates a great opportunity for humor. And, there are few circumstances more stressful than being sick or facing a life-threatening situation.

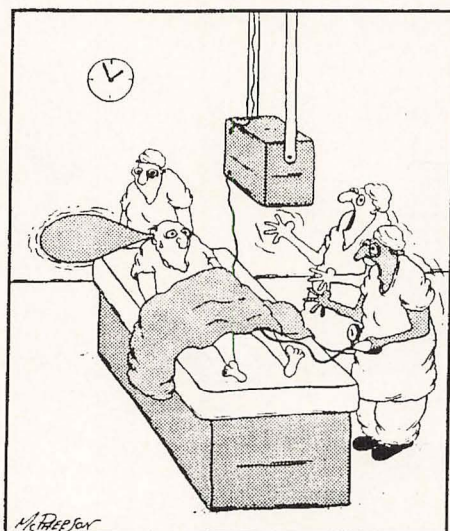
*How do you actually come up with the gag, the incongruity, the exaggeration that makes your cartoons so very funny?*

I picture my character in a particular setting, maybe a waiting room, on a treadmill, in the operating room. Then I try to imagine a calamitous event, something that would be extremely unlikely, perhaps even impossible, but if we stretch reality one could imagine it. In one cartoon, the nurse is hanging a 50 gallon IV bag while announcing to the patient that

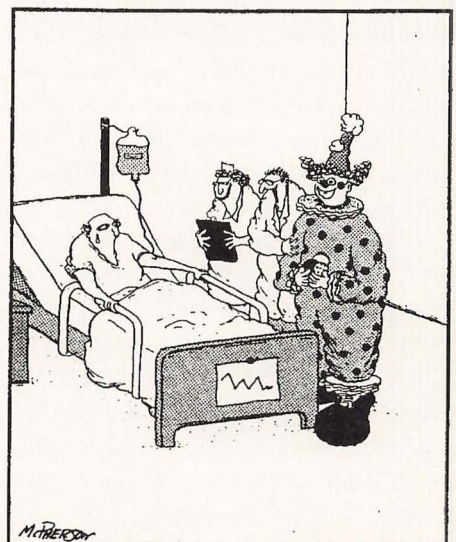
she will be going on vacation for a week and this one should last until her return. Another one shows an adult patient spread across one of those infant-sized bed-boxes next to other babies in the nursery and the nurse apologizes to the patient for the mix-up in bed assignments.

*How do you trigger your creative process?*

For me relaxation is the key. I need to be in a quiet place, usually alone with my thoughts. Often this happens when I'm driving. This may sound strange, but playing with "Silly Putty" frequently gets my ideas flowing. There's a book by Doug Hall called *Jump Start Your Brain*. He recommends using PlayDoh to trigger



Ted's balloon angioplasty procedure gets off to a rough start.



"We're conducting a study on the healing power of humor. As Boppy performs for you, let us know the precise moment you feel the kidney stone pass."





"Mrs. Nortman just sent in this fax of a rash that she's got on her stomach."

the creative juices.

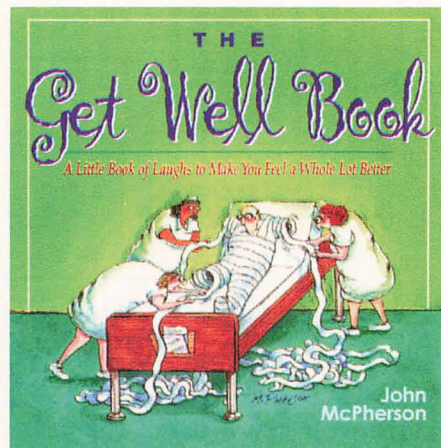
*What do you hope your cartoons will do?*

I want my cartoons to help people step back and see their situation from a different perspective. To take stock of their situation and find some humor in it, however grim it may seem. A few years ago I received an e-mail from a patient who experienced just that. This gentleman from Kansas City had a severe heart attack and was hospitalized. After several weeks in intensive care, he was scheduled for an angioplasty. The physicians gave him only a 50/50 chance of survival. Naturally he was very anxious, which only increased his risk factors. The morning of the angioplasty, the local newspaper ran a cartoon of mine with the caption,



"Unfortunately, Carolyn, your body has rejected your face lift."

"Ted's balloon angioplasty gets off to a rough start." and the picture showed the balloon coming out the patient's ear. Well, the nurses saw this cartoon and immediately had it duplicated and then placed copies in the patient's room, along the hallway to the Cardiac Cath Lab and a big poster-sized cartoon in the procedure room itself. The patient wrote to me about how helpful it was for him to see his situation with some humor and to laugh at his fears. Sharing this humor and laughter with the professional staff created a sense of comfort and trust, so that he was able to relax for the procedure. You know, that letter meant so much to me. Cartooning is a very solitary, sometimes lonely job. You never really know how your work affects people unless they write to you. I welcome letters telling me of how my cartoons have helped them, how they've been



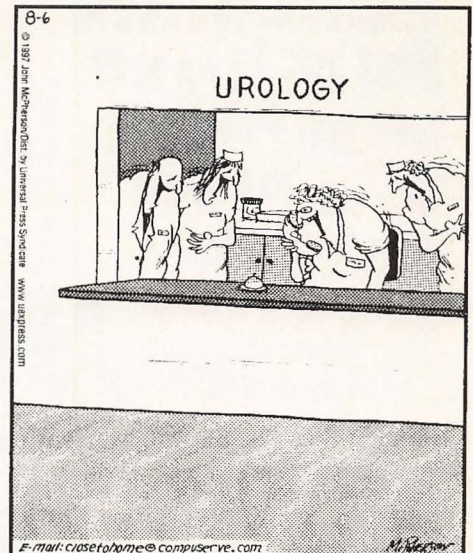
used with others or even ideas for possible cartoons.

*Well, nurses certainly have front row seats in the health care arena. What can they do to help you create more and even funnier cartoons?*

They could tell me about their frustrations, things that exasperate them, crazy things that patients do, doctors do, families do, problems they have with insurance companies, hospital administrators. All of these will give me the fuel to create very funny and relevant cartoons.

*So how can people reach you and how can they buy your book?*

They could send me e-mail (closetohome@compuserve.com). I love to get letters from people with ideas for cartoons or especially with stories about how my cartoons have helped people. My web site has an archive of many of my



"Urology department. Can you hold?"

cartoons. My books should be available in most bookstores, but if not, they can be ordered through any bookstore. We hope that nurses will encourage their hospital gift shop to carry the books, too. Books can be ordered by phone at: 800-642-6480. Or, copies may be purchased directly from the JNJ catalog.

*Thanks John, for helping all of us find some humor amidst the stressful situations that often create headaches and heartbreaks. Your work is truly healing for both patients and health care professionals.*

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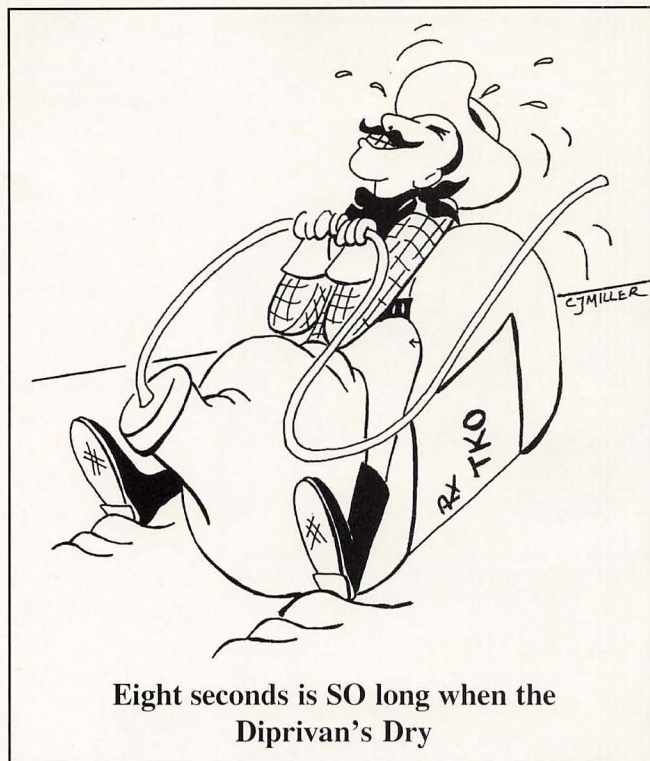
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McPherson, John (1996). The Honeymoon Is Over. Kansas City: Andrews & McMeel.

John McPherson can be reached via e-mail at closetohome@compuserve.com

His cartoons can be previewed at his web site: <http://www.uexpress.com>







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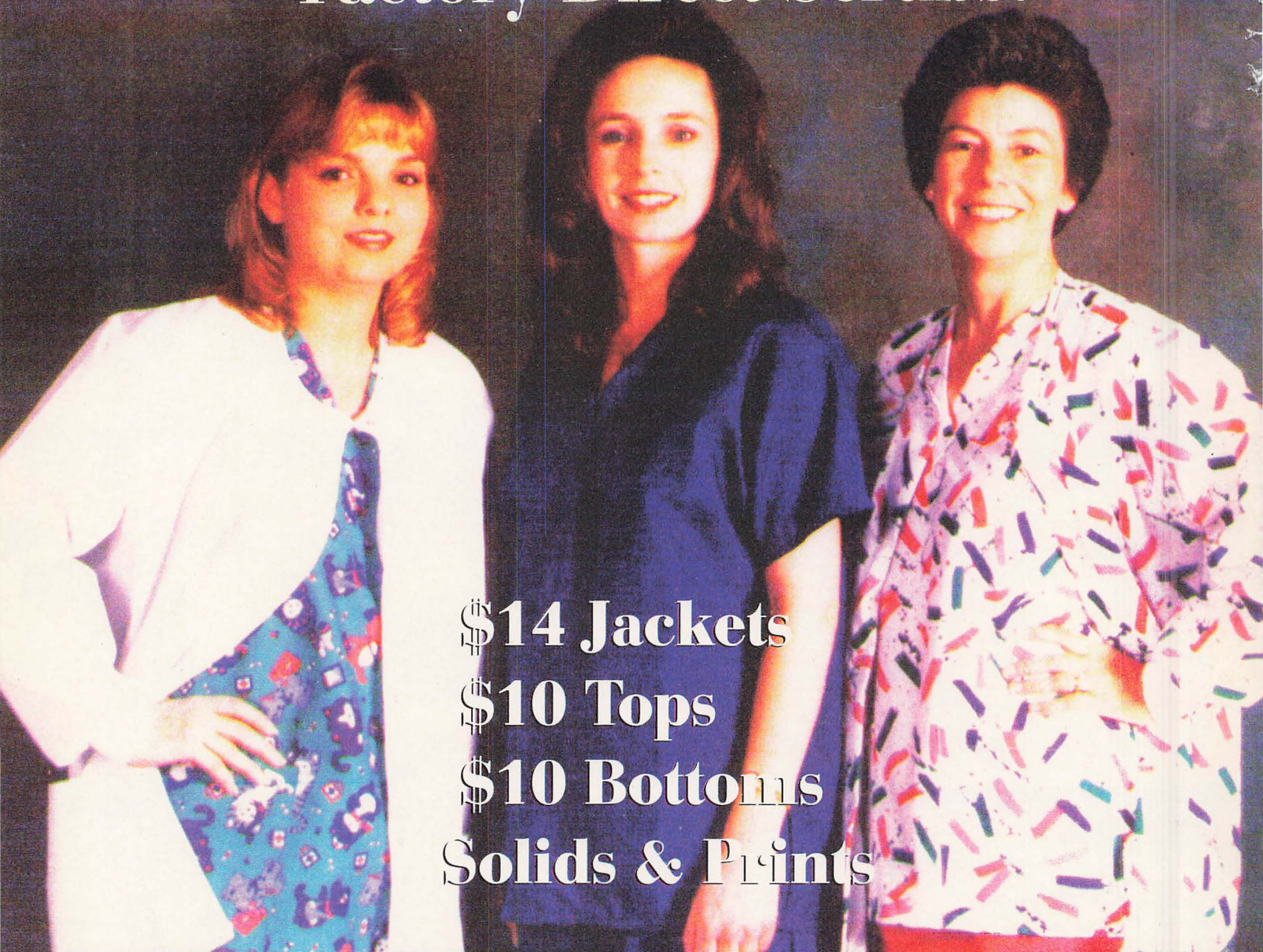
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